

AP Psychology Exam Review

Your AP Exam will consist of two parts. The first part is a 100 question multiple-choice test where you will be given 70 minutes to complete that portion of the exam. The second part is a free response section where you will have two questions to answer. You will be given 50 minutes to complete this session.

The purpose of this review is to cover the key terms, concepts, and individuals in psychology. We will go over material from all sections that will be included on your exam as well as look at how to answer the free response questions.

Section 1: History & Approaches 2-4%

The Greeks:

- 1) Socrates & Plato – Innate intelligence (Nature)
- 2) Aristotle – People change due to experience (Nurture)

Renaissance to Enlightenment

- 1) Rene Descartes – Dualist (Mind & Body are separate) Pineal Gland – Where mind & body connect.
- 2) Thomas Hobbs – Thoughts are by-products of physical phenomena (Start of behaviorist)
- 3) John Locke – Tabula Rosa (People are blank slates) Empiricism – We develop by experiences. Rejects Descartes
- 4) Emmanuel Kant – Nature. We are programmed to perceive stimuli/perceptions
- 5) Charles Darwin – Natural Selection & evolution

The Start of Psychology as a Science

- 1) Wilhelm Wundt – 1st psychology lab, Father of Psychology, Studied consciousness, Psychology as a science.
- 2) William Titchener – Brings Wundt's ideas to America. Starts school of structuralism (most basic parts of consciousness). Use of introspection
- 3) William James – Father of psychology in America. Functionalist (function of the mind and how we adapt). Emotions, Stream of consciousness, First textbook

Approaches to Psychology

- 1) Biological Approach – Physiological basis of thought. MRI, PET, CT scans.
- 2) Behavioral Approach – Study what can be observed. Avoid states of consciousness
- 3) Cognitive Approach – How we think.
- 4) Humanistic Approach – Self-Awareness, free will and personal growth
- 5) Psychoanalytic Approach – Unconscious turmoil and resolving it
- 6) Sociocultural Approach – Understanding the person in their culture.

Section 2: Research Methods 6-8%

Methods of Collecting Data (Clinical Research):

- 1) Case Study – One or a few individuals studied in-depth. A theory is drawn from this. They do or do not prove anything. Freud & Piaget.
- 2) Naturalistic Observation – Observe the subject in their environment without being detected. Jane Goodall.
- 3) Survey – Illicit opinions and beliefs from a large sample of people. Easy to skew questions and have researchers bias come into play.
- 4) Applied Research – Taking what we have learned and using it to help others
- 5) Basic Research – Research for the sake of research.

The Experiment:

- 1) Hypothesis – Testable explanation between two variables.
 - Theory – an explanation of a set of related observations/events based on hypothesis and verified by repeated experiments.
- 2) Variables – something that can be measured
 - Independent – variable that you are studying
 - Dependent – What you are looking to see a change in based on experiment
 - Confounding – Two variables occurring at the same time. Hard to tell which one had an effect, exercise & taking vitamins at the same time.
- 3) Operational Definitions – How do you plan to define the variables?
- 4) Population – Where you get your sample
 - Representative – Takes into account a fair representation of your study
- 5) Sampling – A small part of the population
 - Random Sample – Each person has an equal chance of being selected.
 - Stratified Sample – Random sampling based on specific demographics.
- 6) Experimental & Control Group – (ex – gets the drug & control gets the placebo)
 - Random Assignment – Equal chance of being in either group
 - Subject Relevant Confounding Variables – If people are allowed to select their group, it affects the outcomes of research
 - Group Matching – equal representation of members in experimental/control group
 - Situation Relevant Confounding Variables – Situations in which you put groups must also be equal
- 7) Single & Double Blind Research (Single – participants don't know & double Participants and researcher do not know)
 - Placebo Effect – Get better because you know you are part of an experiment
- 8) Hawthorne Effect – People improve when they know they are getting special treatment.

Correlations:

- 1) Correlation Study – Looking at how to things relate to each other.
- 2) Correlation Coefficient – Relationship between two variables
- 3) Positive Correlation – Change occurs in the same direction

- 4) Negative Correlation – Change in one has opposite effect on the other.
- 5) Illusionary Correlation – No correlation where we want one to be.

Statistics:

- 1) Descriptive Statistics – describes a set of data
 - Frequency Distribution – graph showing your findings/data
 - Frequency Polygon – Line graphs (histogram – bar graph)
- 2) Inferential Statistics – Can you apply your findings to a larger population form which the sample was selected
 - Sampling Error – extent to which sample differs from the population
- 3) Measures of Central Tendency – How numbers cluster around the center of the distribution
 - Mean
 - Median
 - Mode
- 4) Measures of Variance/Dispersion – diversity of the distribution
 - Range – distance between highest and lowest score
 - Standard Deviation – square root of the variance
 - Variance –
 - Z-Score – converted scores the measure distance in units of standard deviation
- 5) Statistical Significance – Degree that scores may be due to chance/error

Ethics In Research:

- 1) Informed Consent & Stanley Milgram – must let people know they are part of a research experiment

Section 3: Biological Basis of Behavior 8-10%

How we study the brain:

- 1) Lesions – Damage brain and see how/what changes
- 2) Accidents/Phineas Gage – Ex: Damaged frontal lobe changes personality
- 3) EEG – Measures Electrical waves of the brain (Sleep)
- 4) CAT/CT – 3D x-ray of the brain
- 5) PET – Radioactive isotopes show patterns of activity (Color/schizophrenia)
- 6) MRI – More detailed image of the brain
- 7) fMRI – Shows the brain in motion (movies of the brain)

Anatomy of a neuron:

- 1) Cell Body – Nucleus and energy center of the cell
- 2) Dendrite – Branch from cell body & receive incoming signals
- 3) Axon – Leaves cell body carrying signals
- 4) Myelin Sheath – Cover/protects axon: aides in transmission of signal
- 5) Axon Terminals/Buttons – Where axons end and release neurotransmitters
- 6) Glial Cells – Support and maintain neurons

- 7) Synapse – Space between terminals/buttons & dendrites
- 8) Neurotransmitters – Chemical messengers of the nervous system
 - Acetylcholine – Memory & Learning
 - Dopamine - Movement
 - Endorphins - Pain
 - Serotonin - Depression

The Nervous System:

- 1) Action Potential – Neural impulse based on change in ions
- 2) Resting Potential – Charge waiting in the nerve to be fired
- 3) Afferent/Sensory Neurons – From senses to spinal cord/brain
- 4) Efferent/Motor Neurons – Motor impulses from the brain to spinal cord & muscles
- 5) Interneuron – Junction between neurons. Found mostly in the brain & spinal cord. Involved in reflexes.
- 6) Reflexes – Behavior/movement requiring little to no thought
- 7) CNS – Brain & Spinal Cord
- 8) PNS – Nerves moving off of the spinal cord to & from the body.
 - SNS – Voluntary skeletal muscles
 - ANS – Smooth and cardiac muscle
 - ->Sympathetic – Activates us when stress/fear/anger are present
 - ->Parasympathetic – Conserve energy

The Brain:

- 1) Hindbrain (Pons, Medulla, Cerebellum) – Oldest part of the brain. Monitors vital life functions, balance, coordination, general arousal (sleep)
- 2) Midbrain (Reticular Formation/Reticular Activating System, Thalamus, Colliculi) – Sensorimotor reflexes, receives sensory and motor info.
- 3) Forebrain (Limbic System – Thalamus, Hypothalamus, Hippocampus, Amygdala) – Higher order thinking. Limbic sys 2nd oldest part of the brain
 - Paul Bucy & Heinrich Kluver - studies w/monkeys linking aggressiveness w/the Amygdala
- 4) Hemispheres
 - Right – controls left side of the body. Creativity
 - Left – controls the right side of the body. Logic
- 5) Cerebral Cortex (Frontal, Parietal, Occipital, & Temporal Lobes)
 - Frontal Lobe – abstract thought (Broca’s Area)
 - Parietal Lobe – sensory cortex
 - Occipital Lobe – vision
 - Temporal Lobe – sound (Wernicke’s Area)
- 6) Association Areas
 - Broca’s Area- Language Production
 - Wernicke’s Area – Language Comprehension
- 7) Brain Plasticity
 - Roger Sperry & Michael Gazzaniga – Studies on cutting the Corpus Callosum (split-brain operation)

8) Phylogeny – Evolutionary development of humans

The Endocrine System:

- 1) Pituitary Gland – Master gland that sends signals to all other glands
- 2) Adrenal Glands – Releases epinephrine/norepinephrine (flight/fight)
- 3) Ovaries & Testes – Release hormones for sex development
- 4) Thyroid – Maintains metabolism

Genetics:

- 1) Basic Genetic Components – RNA, DNA, Chromosomes (23 pairs)
- 2) Identical Twin Studies – Genetics/Nature studies
- 3) Fraternal Twin Studies – Nurture/Environment studies

Section 4: Sensation & Perception 7-9%

Vision:

- 1) How the Eye gathers light – Light reflects off of objects and gathered by the eye. Light intensity & wavelength
- 2) Structure of the eye: Cornea – protective covering, Pupil - shutter, Iris – colored muscle, Lens – focuses light, Retina – screen on the back of the eye
- 3) Transduction – Translation of incoming stimuli into neural signals.
 - Rods – black & white, movement
 - Cones - color
 - Fovea – center of the retina
 - Ganglion Cells – axons of these cells make up the optic nerve
 - Blind Spot – spot where optic nerve leaves the retina (no rods/cones)
 - Optic Chiasm – spot where optic nerves cross each other.
- 4) Feature Detectors – Different neurons respond to visual stimuli
 - Hubel & Wiesel – discovered feature detectors
- 5) Theories of Color Vision
 - Trichromatic Theory/Young-Helmholtz – 3 types of cones Red, Blue & Green
 - Opponent-Process Theory – Colors grouped in pairs. One fires the other is inhibited. Explains color afterimages.
 - Color Blind/Deficient – Inability to see one color or all colors

Hearing:

- 1) How the Ear gathers sound – Sound waves enter the ear canal. Waves are measured in amplitude and frequency.
- 2) Parts of the Ear
 - Ear Canal – connects outer ear to inner ear
 - Eardrum – vibrates as sound hits it
 - Hammer
 - Anvil
 - Stirrup

- Cochlea – snail like structure filled with fluid/hairs
 - Organ of Corti – lower part of cochlea that is lined with hair
- 3) Pitch Theories
- Place Theory – hairs respond to different frequencies depending on where they are located in the cochlea
 - Frequency Theory – How we hear lower tones. Rate at which cells fire
- 4) Deafness (Conduction – hearing aid & Sensorineural – cochlear implant)

Touch:

- 1) Gate-Control Theory – Some pain messages have a higher priority than others

Taste:

- 1) Taste Buds – Sweet, salty, sour, bitter

Smell:

- 1) Olfactory Bulb – connects at the Amygdala and then the hippocampus. Does not go through the thalamus

Vestibular Sense: - How our body is oriented in space

Kinesthetic Sense: - Gives feedback about position and orientation of specific body parts

Thresholds:

- 1) Absolute Threshold – Smallest amount of stimuli detected 50% of the time
- 2) Subliminal – Stimuli below the absolute threshold
- 3) Placebo Effect – Believe something so we act the part
- 4) Difference Threshold – The amount a stimulus needs to change to be noticed
- 5) JND – Smallest amount of change before we can detect it.
- 6) Weber's Law – Change in stimulus intensity needed to produce a JND is directly proportional to the intensity of the original stimulus

Signal Detection Theory: - Effects of distractions and interference we perceive among competing stimulus

Top-Down Processing: - Object perception based on expectations and memories.
Filling in the gaps

Bottom-Up Processing: - Object perception that is based solely on incoming stimuli.
Feature Analysis

Figure-Ground Relationship: - What part is the figure and which is the ground.

Gestalt Rules:

- 1) Proximity – Objects close together belong together
- 2) Similarity – Objects similar in appearance belong together
- 3) Continuity – Continuous forms are seen as belonging together

- 4) Closure – Filling in the gaps.

Constancy

- 1) Size – Remains constant. Aids in depth perception
- 2) Shape – Objects at different angles make different shapes
- 3) Brightness – Objects maintain a constant color

Depth Cues

- 1) Visual Cliff – Infants possess depth perception
 - Gibson & Walk
- 2) Binocular Cues – Two eyes used to judge depth
 - Retinal Disparity – Each eye sees an object from different angles
 - Convergence – Eyes move inward as objects get closer to our face
- 3) Monocular Cues – Depth perception based on one eye
 - Linear Perspective – ex: railroad tracks
 - Relative Size ex: boats in a stream
 - Interposition ex: objects blocking other objects are closer
 - Texture Gradient – Grainier and dense are further away
 - Shadowing – shading provides depth
 - Motion Parallax – Objects at a fixed point move opposite

Section 5: States of Consciousness 2-4%

Levels of Consciousness:

- 1) Conscious – What you are aware of (Thoughts, senses, emotions)
 - Automatic (W/O thought) & Conscious Processes (W/Effort)
- 2) Preconscious – Info on you and environment you are not thinking about
- 3) Subconscious – Memories and knowledge
- 4) Unconscious – That which we are not aware of (Urges, Taboo)
 - Repression – Defense that pushes unwanted items into Unconscious
 - Freudian Slips – Unconscious thoughts coming into consciousness
- 5) Stream of Thought (William James) – Waking alert mind

Sleep Cycles:

- 1) Stages of Sleep – 4 plus REM
- 2) Brain Waves during Sleep Cycle – Alpha, Theta, Delta
- 3) REM/Paradoxical Sleep/REM Rebound – Sleep yet mind is awake.
- 4) Circadian Rhythm – 24 hr metabolic processes that follow a pattern
- 5) Reticular Formation – Keeps cortex awake during sleep

Sleep Disorders:

- 1) Insomnia – Inability to sleep, stay asleep
- 2) Narcolepsy – Fall asleep at unpredictable times
- 3) Sleep Apnea – Stop breathing while sleeping (obesity)
- 4) Night Terrors – No recall of what happened

Dreams:

- 1) Latent Content – unconscious meaning of latent content
- 2) Manifest Content – literal content of dreams
- 3) Activation-Synthesis Theory – Brain’s interpretation of REM dreams
- 4) Information-Processing Theory – Dealing with daily stressors

Hypnosis:

- 1) Posthypnotic Amnesia – Forget events that happened while hypnotized
- 2) Posthypnotic Suggestion – Bx that occurs after being brought out of hypnosis
- 3) Role Theory – Some people are more easily hypnotized (not an altered state)
- 4) Hypnotic Suggestion – Some people are easier to hypnotize (rich fantasy)
- 5) State Theory – We do enter an altered state of consciousness
- 6) Dissociation Theory – Our conscious is divided in hypnosis

Drugs:

- 1) Blood-Brain Barrier – Protects the brain from harmful chemicals
- 2) Agonists – Drugs that mimic neurotransmitters
- 3) Antagonist – Drugs that block neurotransmitters
- 4) Tolerance – Need for more of a substance to get the same effects
- 5) Withdrawal – Physical/psychological symptoms when drug is removed
- 6) Stimulants – Speed us up, effect ANS (heart rate & respiration)
- 7) Depressants – Slow us down, (sense reaction time)
- 8) Hallucinogens – Change our perceptions of reality
- 9) Opiates – Acts as agonists for endorphins

Section 6: Learning 7-9%**Classical Conditioning/Respondent: Ivan Pavlov & John B. Watson**

- 1) CS, CR, UCS, UCR – Must pair CS + UCS to get to CR
- 2) Acquisition – Start to respond to CS without the UCS
- 3) Extinction – CS no longer produces CR
- 4) Spontaneous Recovery – CR reappears with the presence of CS after a break
- 5) Generalization – Response to stimuli similar to the CS
- 6) Discrimination – Ability to tell the difference between stimuli
- 7) Aversive Conditioning – Conditioned to have a negative response (Little Albert)

Biology & Classical Conditioning:

- 1) Learned Taste Aversion (John Garcia) – Result in powerful avoidance of the taste based on one use.
- Garcia Effect - We are biologically prepared to make some connections easier than others. (Biology & Classical Conditioning)
- 2) Contingency (Robert Rescorla) – The more you pair two items the stronger the learning. The presence of one can predict the presence of the other. (Cognitive & Classical Conditioning)

Operant Conditioning/Instrumental: B.F. Skinner

- 1) Law of Effect – Edward Thorndike – Consequences shape behavior (Pos increases responses, Neg. decreases responses)
- 2) Skinner Box – Created to test operant conditioning
- 3) Reinforcer – Any thing that strengthens a behavior (food)
- 4) Reinforcement – The giving of a reinforcer (giving of food)
- 5) Positive Reinforcement – Addition of something pleasant (Increase bx)
- 6) Negative Reinforcement – Removal of something unpleasant (Increase bx)
 - Escape – Bx removes something undesirable
 - Avoidance – Advanced warning that bx is coming
- 7) Punishment – Undesirable action causes bx to stop
- 8) Primary Reinforcer – Satisfy biological needs (Food, water)
- 9) Secondary Reinforcer – Things we learn to value/want
- 10) Token Economy – Bx modification based on increasing rewards
- 11) Chaining – Perform tasks in a certain order to be rewarded
- 12) Shaping – Reinforce each step closer to desired bx

Reinforcement Schedule:

- 1) Fixed-Ratio – Reward after a set quantity is reached
- 2) Variable-Ratio – Reward on random quantities
- 3) Fixed-Interval – Reward after a set time is reached
- 4) Variable-Interval – Reward after random times

Cognitive Learning:

- 1) Contingency Model of Classical Conditioning – Robert Rescorla (Cognitive)
 - Contingency Model – Presence of one predicts the presence of the other
- 2) Observational Learning – Albert Bandura (Bobo Doll experiment)
 - Modeling – Species specific where we learn from watching others
- 3) Latent Learning – Edward Tolman – learning shown when reward is present
 - Mental/Cognitive Map – Mental representation of a physical space
- 4) Insight Learning – Wolfgang Kohler – Disagrees with Thorndike
 - Sultan & Chimpanzee studies – Inner relationship of facts that lead to a solution of a problem

Section 7: Cognition 8-10%**Information-Processing/ Three-Box Model of Memory**

- 1) Sensory Memory – George Sperling (we hold information for a short time)
 - Iconic Memory – Split second visual image (corner of your eye)
 - Echoic Memory – Split second memory of sound (did you hear that)
 - Selective Attention – Encode what is important to us
 - Cocktail Effect – We voluntarily attend to stimuli (hear your name across a crowded room)
- 2) Short-Term/Working Memory - Ebbinghaus

- Chunking – Expand the limits of short term memory
 - Mnemonic Devices – Memory aides
 - Rehearsal – Method to increase short term memories
 - George Miller – Rule of 7 (plus or minus 2)
- 3) Long-Term Memory - Loftus
- Episodic Memory – Memories of specific events (Your life)
 - Semantic Memory – General knowledge and grammar rules
 - Procedural Memory – Memories of how to perform tasks
 - Explicit/Declarative Memory – Facts and events
 - Implicit Memory – Memories we do not realize that we have
 - Eidetic/Photographic Memory – Perfect “snap short” memories

Levels Of Processing: - Memories are not short or long term

- 1) Deeply – Study and research content. More deeply processed more likely to remember the info
- 2) Shallow/Maintenance – Repeat information several times, then replicate info

Retrieval:

- 1) Recognition – Matching what is asked for with something in our memory
- 2) Recall – Memory that comes from an external cue and we need to construct
- 3) Primacy-Recency Effect – Remember the first and last things
- 4) Serial Position Effect – How we remember things on a list
- 5) Tip-of-the-tongue Phenomenon – Temporary inability to recall known info
- 6) Semantic Network Theory – Connect new memories based on meaning and context of those already in memory
- 7) Flashbulb Memory – Remember in detail what you were doing when an event happened
- 8) Mood-Congruent Memory – Recall an item when in a mood that we were in when we stored the memory
- 9) State-Dependent Memory – Recall events easier when we are in the state we encoded them

Constructive Memory: - Memories based on false recall of events (Loftus)

- 1) Recovered Memory – Suddenly remember events that have been repressed for years (often during therapy)

Forgetting:

- 1) Relearning – Less time to learn information that you have forgotten
- 2) Retroactive Interference – New info interferes with recall of old info
- 3) Proactive Interference – Old info interferes with recall of newly learned info

How Memories are Stored

- 1) Hippocampus – Main region for memory storage (Episodic/Semantic)
 - Anterograde Amnesia – Cannot encode new memories
- 2) Cerebellum – Stores procedural memories

- 3) Long-Term Potentiation – Through repeated firing, neural connections are strengthened

Language:

- 1) Phoneme – Smallest unit of sound
- 2) Morpheme – Smallest unit of meaning
- 3) Grammar - Rules of language
 - Syntax – Rules for combining words/letters
 - Semantics – Meaning of words

Language Acquisition: - Noam Chomsky & B.F. Skinner

- 1) Telegraphic Speech – Simple sentences that lack correct grammar
- 2) Overgeneralization – Misusing words. Not using right verb tense
- 3) Language Acquisition Device – Inborn ability to learn language

Language & Cognition: - Benjamin Whorf

- 1) Linguistic Determinism – Language influences thinking

Thinking

- 1) Concept – Grouped based on at least one common trait
- 2) Prototype – Typical example of a concept
- 3) Image – Mental pictures in our mind (Highlight film)
- 4) Convergent Thinking – Thinking to solve a problem
- 5) Divergent Thinking – Free thinking with no plan
- 6) Metacognition – Thinking about thinking

Problem Solving:

- 1) Algorithms – Step by step procedure to solve a problem
- 2) Heuristics – General way of solving problems based on skipping steps
- 3) Availability Heuristics – Judging a situation based on examples of similar situations that come to mind initially
- 4) Representative Heuristics – Judging a situation based on how similar the aspects are to prototypes you hold in your mind
- 5) Belief Bias – Not changing our opinion based on contradicting evidence
- 6) Mental Set/Rigidity – Fall into a common thought pattern to solve problems
- 7) Functional Fixedness – Cannot see a new use for an object
- 8) Confirmation Bias – Look for info that supports our beliefs

Section 8: Motivation & Emotion 7-9%

Theories of Motivation:

- 1) Drive Reduction Theory (Clark Hull) – Internal arousal over a need or want drives us to reduce the arousal. Needs=Push Desires=Pull
 - Homeostasis – Internal balanced state that we strive for
 - Primary Drive – Satisfies a biological need

- Secondary Drive – Learned drives that satisfy wants (Money)
- 2) Arousal Theory – We seek out an optimal level of arousal (Skydiving)
- 3) Incentive Theory – Associate these with rewards. Label bx
- 4) Maslow’s Hierarchy of Needs – Satisfy basic needs & strive for Self-Actualization

Hunger Motivation:

- 1) Biological Basis of Hunger
 - Lateral Hypothalamus – Stimulate to increase hunger/Lesion not hungry
 - Ventromedial Hypothalamus – Stimulate stop hunger/Lesion Always hungry
 - Set Point Theory – Hypothalamus sets an optimal weight
 - Metabolic Rate – How quickly we burn calories
- 2) Psychological Factors in Hunger
 - External – Attractiveness and availability of food
 - Internal – Internal hunger cues. Thoughts of food/eating
 - Garcia Effect – Affects food we are hungry for
- 3) Eating Disorders
 - Bulimia – Binge/purge eating
 - Anorexia Nervosa – stop eating 85% below normal body weight
 - Obesity – 100 lbs over normal body weight

Sexual Motivation:

- 1) Sexual Response Cycle – Initial, Plateau, Orgasm, Refractory
- 2) Sexual Orientation – Differences in brain structure in homosexual males

Social Motivation:

- 1) Achievement Motivation – David McClelland - TAT used to measure achievement
- 2) Extrinsic – Rewards that occur outside of us (Money, cars)
- 3) Intrinsic – Internal satisfaction and happiness
- 4) Theory X – People only work when it benefits them (Money)
- 5) Theory Y – People are internally motivated to do well
- 6) Handling Conflict – Kurt Lewin
 - Approach-Approach – Choice between 2 desirable items
 - Avoidance-Avoidance – Choice between 2 undesirable items
 - Approach-Avoidance – Situation/Item has both a desirable and undesirable aspect
 - Multiple Approach-Avoidance – Choose between two or more items that all have desirable and undesirable aspects

Theories on Emotion:

- 1) James-Lange – Aware of emotions after physiological reactions
- 2) Cannon-Bard – Emotional awareness reflects physiological reaction and our cognitive experience of the emotion

- 3) Two-Factor Theory – Stanley Schachter – Both physiological arousal and cognitive labels combine to cause any particular response. Appraisal of situation determines interpretation.

Stress:

- 1) Stress – Reaction to changes in our environment
- 2) Stressor – Items/situations that provoke stress reactions
- 3) SRRS – Thomas Holmes & Richard Rahe – Rating scale of stressors
- 4) General Adaptation Syndrome – Hans Selye (General response to stress)
 - Alarm – Flight/Fight is engaged
 - Resistance – Body remains ready/on alert (hormones still released)
 - Exhaustion – Parasympathetic returns body to normal state

Section 9: Developmental Psychology 7-9%

Research Methods:

- 1) Cross-Sectional Study – Different ages used to compare change
- 2) Longitudinal Study – Follow same people over the years

Prenatal Development:

- 1) Teratogens – Toxins that affect fetal development

Reflexes

- 1) Rooting Reflex – Touch cheek, baby turns their face
- 2) Sucking Reflex – Item placed in babies mouth causing sucking
- 3) Grasping Reflex – Touch palm and baby grasps object
- 4) Babinski – Stroke feet and toes fan
- 5) Moro Reflex – When startled babies throw their limbs out
- 6) Konrad Lorenz – Imprinting (Goslings)
 - Critical Period – Optimum time to develop brain centers

Newborn Senses & Motor Development – Can recognize faces and voices. Motor skills develop when neurons connect in the brain.

Parenting

- 1) Attachment Theory – Relationship between parent and child
 - Harry Harlow – research on monkeys (Wire & Cloth Mom)
 - Mary Ainsworth – Strange situations experiment
 - ->Secure Attachment – Confidently explore, distressed when parent leaves, come to parent when they return
 - -> Avoidant Attachment – Resist being held by parent, explore, do not go to parents when they return
 - -> Ambivalent/Resistant Attachment – Ambivalent to parents, Stress when they leave, resist being comforted when they return
- 2) Parenting Styles: Diane Baumrind

- Authoritarian – Strict parenting, obedience is demanded
- Permissive – No clear boundaries. Kids make the rules
- Authoritative – Consistent rules/consequences

Theorists:

- 1) Sigmund Freud & Psychosexual Development
 - Oral – Center of attention is mouth (Fixation - excessive dependence)
 - Anal – Potty training (Fixation - excessive orderliness or messiness)
 - Phallic – Oedipus/Electra Complex
 - Latent – Sublimation of sexual urges
 - Genital – Attraction to opposite sex
- 2) Erik Erikson & Psychosocial Development
 - Trust vs. Mistrust – Child trusts their environment
 - Autonomy vs. Shame & Doubt – Feel good about making choices (potty training) Parenting style affects this stage
 - Initiative vs. Guilt – Ask “Why?” & want to understand their world
 - Industry vs. Inferiority – Child feels competent
 - Identity vs. Role Confusion – Teen struggle
 - Intimacy vs. Isolation – Ability to form intimate relationships (Love)
 - Generativity vs. Stagnation – Critically examine our life
 - Integrity vs. Despair – Reflect on your life
- 3) Jean Piaget & Cognitive Development
 - Sensorimotor – (0-2) Explore the world through their senses. Must develop Object Permanence – Object still exists when moved from sight
 - Preoperational (2-7) Start to develop language, use symbols to represent our world. Egocentric – world revolves around them
 - Concrete Operation (8-12) Concept of conservation is established
 - Formal Operation (12 on) Hypothetical and abstract thought
 - Schema – Organized pattern of thought/bx
 - Assimilation – Interpret new information into existing schema
 - Accommodation – New info does not fit existing schema
 - Criticized in that children go through stages faster.
 - Information-Processing model is more continuous in that we gradually develop as we age instead of in stages.
- 4) Lawrence Kohlberg & Moral Development – Ethical reasoning changed with age
 - Preconventional – Make decisions to avoid punishment or get rewarded
 - Conventional – Make choices on how others will view them. Learn the standards of what is right and what is wrong.
 - Post Conventional – Examine the rights and values in choices. Universal Ethical Principle – Personal conviction to uphold justice.

Gender Role Theories

- 1) Biopsychosocial – Studies show there are differences between the sexes (Nature). Ex: Women have a larger Corpus Callosum

- 2) Psychodynamic – Resolving competition (Oedipus/Electra)
- 3) Social-Cognitive – Societies affects on gender roles (Gender-Schema)
- 4) Sandra Bem – Research that male and female roles are interchangeable.
Research was flawed.
- Androgyny – Showing both male and female qualities.

Section 10: Personality 6-8%

Psychoanalytic Theory: Sigmund Freud

- 1) Psychosexual Stages & Fixations – Personality is set by early childhood
- 2) Levels of Consciousness – Conscious, Preconscious, Unconscious
- 3) Three Parts of the Personality
 - Id/Pleasure Principle – Immediate gratification. Born with Id.
 - Ego/Reality Principle – What you can do. Mediator of Id & Superego
 - Superego – Your sense of conscious. What you should do.
- 4) Defense Mechanisms – Protect the ego from anxiety
 - Repression – The main defense. Push things to unconscious mind
 - Denial – Not accepting the truth/reality
 - Displacement – Redirect feelings to another object/person
 - Projection – Directing your feelings onto someone else
 - Reaction Formation – Express the opposite of how you feel
 - Regression – Act out in way that someone younger would
 - Rationalization – Good excuse for the bx
 - Intellectualization – Academic explanation/view of bx
 - Sublimation – Channel energy to a new positive goal
- 5) Eros (life forces) & Thanatos (death forces)
- 6) Critics of Freud – Little empirical evidence, negative view of humanity, emphasis on child sexual urges, negative view of women

Psychodynamic Theory: (Neo-Freudian's)

- 1) Carl Jung
 - Personal Unconscious – Similar to Freud's view on the unconscious
 - Collective Unconscious – Passed down through all people
 - Archetypes – Universal concepts (good vs. evil)
- 2) Alfred Adler
 - Inferiority – Fear of failure
 - Superiority – Desire to achieve and be successful
- 3) Karen Horney
 - Neurotic Personality – Driven by basic hostility and anxiety

Trait Theory:

- 1) Raymond Cattell – Developed test to measure traits
 - 16 PF – Personality traits found in all people
 - Factor Analysis – Method of finding common a trait/ability from a vast number of questions

- 2) Gordon Allport – Understand the full personality of a person
 - Cardinal Trait/Disposition – Play a large role in who you are
 - Central Trait/Disposition – Significant/building blocks of personality
 - Secondary Trait/Disposition – Tastes and preferences
- 3) Hans Eysenck – Classify people on two scales
 - Introvert/Extrovert Scale – Shy or outgoing
 - Stable/Unstable Scale – Deals with emotions
- 4) The Big Five (Extraversion, Agreeableness, Conscientiousness, Open to Experience, Emotional Stability) – Found in some level in all people

Biological Theories:

- 1) Heritability – Percentage that a trait is inherited
- 2) Temperament – Emotional style of dealing with issues/situations
- 3) Somatotype Theory – William Sheldon – Traits are associated with body type
 - Endomorph – Fat/Obese
 - Mesomorph – Muscular
 - Ectomorph - Thin

Social-Cognitive Theories:

- 1) Albert Bandura – Personality is created by interaction between traits, environment and one's behavior
 - Triadic Reciprocity – How the above three interact
 - Reciprocal Determinism - You are influenced by and influence your environment
 - Self-Efficacy – How we view ourselves and our abilities
- 2) George Kelly – Develop constructs to understand their world
 - Personal-Construct Theory – The way that we evaluate the world (fair/unfair, smart/dumb)
 - Fundamental Postulate – Behavior is influenced by one's cognition
- 3) Julian Rotter
 - Locus of Control – How we make decisions
 - Internal Locus of Control – We are responsible for our growth
 - External Locus of Control – Luck and outside forces direct us

Humanistic Theory:

- 1) Third Force Moved away from negative psychoanalytic and mechanical behavioral views
- 2) Determinism – What happens now is dictated by what happened in your past
- 3) Self-Concept – Global feelings about oneself
- 4) Self-Esteem – Positive self-concept
- 5) Abraham Maslow – Developed hierarchy of needs
 - Self-Actualization – Reach one's full potential
- 6) Carl Rogers
 - Unconditional Positive Regard – Acceptance for a person for who they are

Assessment Tools:

- 1) Projective Tests – Free response answers. Thought to expose unconscious thoughts/feelings
 - Rorschach – Random stimuli (ink blots)
 - TAT – Tell a story about a picture
- 2) Self-Report Inventories - Forced answer
- 3) MMPI – Most widely used test
- 4) Meyers-Briggs – General personality test
- 5) Barnum Effect – People see themselves in vague, general descriptions

Section 11: Testing & Individual Differences 5-7%**Standardization & Norms:**

- 1) Standardized Sample – Similar population that is test is first used on

Reliability: - Does the test provide consistent scores

- 1) Test-Retest – Give test and retest after a certain time period
- 2) Interscorer – Test scored by two people yields the same results
- 3) Split-Half – Randomly divide the test if half
- 4) Alternate-Form – Scores similar on different forms of the test

Validity: - Does the test measure what it is supposed to

- 1) Face Validity – Test has appropriate questions on it
- 2) Content Validity – Does it measure the range of material to be learned
- 3) Criterion Validity -
- 4) Concurrent Validity – How much of a trait/characteristic someone has
- 5) Predictive Validity – Measures future performance
- 6) Construct Validity – Measures correlation to people already known for this

Achievement & Aptitude Tests:**Theories of Intelligence:**

- 1) Charles Spearman – Two-Factor Theory (Used factor Analysis)
 - *S* – Specific abilities
 - *G* – Single general intelligence
- 2) L.L. Thurstone – Intelligence is 7 mental abilities
- 3) J.P. Guilford – Over 100 mental abilities
- 4) Howard Gardner – Intelligence encompass a wide range of abilities
 - Multiple Intelligence
- 5) Daniel Goleman – How people deal with real world situations
 - Emotional Intelligence
- 6) Robert Sternberg – Analytical, Creative and Practical intelligence
 - Triarchic Theory

Intelligence Tests:

- 1) Alfred Binet – Develops first widely used instrument. Measures mental age
- 2) Louis Terman – Creates Stanford-Binet
- 3) Stanford-Binet – First widely used IQ test
- 4) David Weschler – Give 3 intelligence scores (Most widely used test)

Bias in Testing:**Nature vs. Nurture in Intelligence:**

- 1) Flynn Effect – Performance on intelligence testing has steady been improving over the past century
- 2) Differences in Race – Most likely due to environmental factors

Section 12: Abnormal Psychology 7-9%**Defining Abnormality:**

- 1) Maladaptive - harmful
- 2) Disturbing to Others – society sets this standard
- 3) Unusual – not shared by other members of the community
- 4) Irrational – does not make sense. No biological cause
- 5) DSM-IV-TR – contains categories & criteria for making a diagnosis

Perspectives on Causes of Disorders

- 1) Psychoanalytic – Internal/unconscious conflicts
- 2) Humanistic – Failure to strive towards your potential.
- 3) Behavioral – Reinforcement history, the environment
- 4) Cognitive – Irrational thoughts
- 5) Sociocultural – Dysfunctional society
- 6) Biomedical – Organic problems, imbalance in chemicals, genetics

Anxiety Disorders:

- 1) Specific Phobia – Intense unwanted fear of a specific situation/object
- 2) Generalized Anxiety Disorder (GAD) – Constant low level anxiety/nervous
- 3) Panic Disorder – Acute episodes of anxiety w/o apparent reason (Attacks)
- 4) Obsessive-Compulsive Disorder (OCD) – Obsessive thoughts lead to Compulsive behaviors to make thoughts subside.
- 5) Post Traumatic Stress Disorder (PTSD) – Flashbacks/nightmares after threat has been removed. Usually several months after the incident.
- 6) Psychoanalytic Theory of Causation – Unresolved unconscious conflicts
- 7) Behavioral Theory of Causation – Learned behavior
- 8) Cognitive Theory of Causation – Dysfunctional ways of thinking

Somatoform Disorders:

- 1) Hypochondriasis – Frequent medical complaints w/o any medical cause.
- 2) Conversion Disorder – Paralysis/blindness with no biological cause.

- 3) Psychoanalytic Theory of Causation – Outward manifestations of unresolved conflict
- 4) Behavioral Theory of Causation – People are reinforced in their behavior.

Dissociative Disorders:

- 1) Psychogenic Amnesia – Memory loss with no physiological cause.
- 2) Fugue – Traveling Amnesia.
- 3) Dissociative Identity Disorder (DID) – Several personalities w/o one integrated personality. Can be of different ages/sexes.
 - Psychoanalytic Theory of Causation – Split in personality due to trauma
 - DID rarely occur outside of the US/Industrialized countries.

Mood Disorders:

- 1) Major Depression – Unhappiness lasting longer than 2 weeks.
- 2) Seasonal Affect Disorder (SAD) – Depression in the winter months (Light therapy is used to treat SAD)
- 3) Bipolar Disorder – Combines depressed and manic moods.
- 4) Psychoanalytic Theory of Causation – Anger turned inward, loss during early psychosexual development, or overly punitive superego.
- 5) Aaron Beck & the Cognitive View – Unreasonably negative thoughts affect behavior & emotions
 - Cognitive Triad – Unreasonable ideas of themselves, their world & future
- 6) Martin Seligman – Cognitive-Behavioral theory
 - Learned Helplessness – prior negative experiences cause one to give up
- 7) Biological Causes – Disruption of neurotransmitters

Schizophrenic Disorders: - Disorders, distorted thinking with the presence of delusions/hallucinations

- 1) Disorganized Type – Evidence of odd language (Neologism – make up their own words, Clang Association – Series of nonsense words that rhyme, Inappropriate Affect – Laugh when someone dies, Flat Affect – No affect)
- 2) Paranoid Type – Delusions of persecution
- 3) Catatonic Type – Remain motionless for hours
- 4) Undifferentiated Type – Disorganized thought that does not meet on of the above criteria.
- 5) Delusions – Beliefs that have no basis in reality.
 - Delusions of Grandeur – You have great power/influence
 - Delusions of Persecution – Someone is out to get you
- 6) Hallucinations – Perceptions that occur without sensory stimulation
- 7) Theories on Causation
 - Dopamine Hypothesis – High levels of dopamine affect perception (Antipsychotics – lower dopamine levels. Tardive Dyskinesia – movement issues caused by the use of antipsychotics)
 - Brain Abnormalities – Enlarged ventricles, asymmetries in limbic system
 - Genetics – Abnormalities on the fifth chromosome

- Cognitive-Behavioral – Double Binds – given a contradictory message.

Personality Disorders:

- 1) Antisocial – Little regard for others feelings/well being.
- 2) Dependent – Rely too much on the attention of others
- 3) Narcissistic – Center of the universe
- 4) Histrionic – Overly dramatic behavior
- 5) Obsessive-Compulsive - Not as debilitating as OCD.
- 6) Schizoid – Pattern of detachment from social relationships & restricted range of emotions.
- 7) Borderline – Instability in interpersonal behavior, mood, and self-image.

Other Disorders of Interest:

- 1) Paraphilias – Sexual attraction to an object, person, or activity not usually seen as sexual. (Pedophilia – Prepubescent children, Zoophilia – Animals, Fetishism – Shoes)
- 2) Voyeur – Aroused by watching others engage in sexual activities.
- 3) Masochist – Enjoys having pain inflicted on them
- 4) Sadist – Enjoys giving pain.
- 5) Substance Use Disorder – Regular use negatively affects their life
- 6) Substance Dependence – Increase in use with withdrawal symptoms
- 7) ADHD – Atypical inattention and/or impulsivity
- 8) Tourette's – Motor tic disorder

Rosenhan Study: - Faked Schizophrenia and entered an institution.

- 1) Should you carry a diagnosis for life?
- 2) How much are disorders a product of the environment, and to what extent do they inhere to an individual.
- 3) Level of institutional care (Imposters faked it)

Section 13: Treatment of Psychological Disorders 5-7%

History:

- 1) Trephining – Making holes in the skull to let out evil spirits
- 2) Hippocrates & Galen – Mental illness influenced by biological factors and therefore can be treated.
- 3) Philippe Pinel & Dorothea Dix – Treat mental illness humanely (No caging/beating)
- 4) Deinstitutionalization – Release of medicated patients
- 5) Preventive Efforts
 - Primary Prevention – Treat issues proactively
 - Secondary Prevention – Work with at-risk people
 - Tertiary Prevention – Keep issues from becoming more severe

Psychoanalytic Therapy:

- 1) Psychoanalysis – Developed by Freud
- 2) Hypnosis – May “lead” people in their unconscious thoughts
- 3) Free Association – Say what comes to mind w/o thinking
- 4) Dream Analysis – Open door to unconscious
- 5) Resistance – Coming to terms with issues
- 6) Transference – Patients develop strong feelings for their therapists
- 7) Psychodynamic theory – Work on strengthening ego & move away from earlier techniques.

Humanistic Therapy:

- 1) Self-actualization – Reach one’s potential
- 2) Free Will – You control your own destiny
- 3) Determinism – You have no control over what happens to you (Opposite of Free Will)
- 4) Client Centered Therapy & Carl Rogers – Provide a positive environment
 - Unconditional Positive Regard – Accept the person
 - Active Listening – Give feedback on what client is saying
 - Empathy – Understand where the client is coming from
 - Non-Directive – Do not tell a client what to do. Help them find the answer.
- 5) Gestalt Therapy & Fritz Perls – Get in touch with your “whole self”. Explore feelings and emphasize the importance of body positions.
- 6) Existential Therapy – Find and develop your purpose in life.

Behavioral Therapy:

- 1) Counterconditioning & Mary Cover Jones – Unpleasant conditioned response is replaced with a pleasant one.
- 2) Systematic Desensitization & Joseph Wolpe – Works well with anxiety & phobias.
 - Relaxation – 1st step teach them to relax
 - Anxiety Hierarchy – 2nd step rank the order of least to most anxiety
 - Counterconditioning
 - In Vivo Desensitization – Confronting the actual anxiety situation
- 3) Implosive Therapy – Imagine most fearful situation first. They confront fear early and get conditioned to it.
- 4) Extinguishing – Fear no longer produces anxiety
- 5) Flooding – Experiencing fearful situation rather than imaging (Implosive)
- 6) Aversive Conditioning – Pair habit with unpleasant stimulus
- 7) Token Economy – Reward behavior
- 8) Modeling – Show what you expect

Cognitive Therapy:

- 1) Rational Emotive Behavior Therapy – Albert Ellis
- 2) Cognitive Therapy – Aaron Beck
 - Cognitive Triad

Group Therapy:

- 1) Family Therapy -
- 2) Self-Help Group – Group provides support/belonging AA

Somatic Therapy:

- 1) Psychopharmacology/Chemotherapy
- 2) Antipsychotics (Haldol & Thorazine) – Decrease dopamine
- 3) Antidepressants (MAO inhibitors & SSRI) – Block serotonin reuptake
- 4) Antianxiety (Xanax & Valium) – Affect nervous system
- 5) ECT – Shock therapy
- 6) Prefrontal Lobotomy

Types of Therapist:

- 1) Psychiatrists – MD that can prescribe meds.
- 2) Clinical Psychologist – PH.D, research, conducts testing
- 3) Counseling Psychologist – MA, provides therapy
- 4) Psychoanalyst – uses Freud’s theories to fix personality

Section 14: Social Psychology 7-9%**Attitude:**

- 1) Mere Exposure Effect - The more you are exposed to something the more you like it
- 2) Cognitive Dissonance Theory – Leon Festinger – Mental tension occurs when attitudes and bx is not consistent. We change our attitude to reduce tension.
- 3) Social Cognition – How people think about themselves in relation to others

Compliance Strategies:

- 1) Foot-in-the-Door – People will respond to a small request easier than a large one. Build towards a larger request.
- 2) Door-in-the-Face – If people refuse a large request they are more likely to accept a follow up request that is smaller in comparison.
- 3) Norms of Reciprocity – When we do something nice for someone, they should do the same for us.

Attribution Theory: - Fritz Heider – How we explain/determine the cause of bx we observe

- 1) Dispositional/Person Attribution – Internal reasons for one’s bx
- 2) Situation Attribution – External causes for one’s bx
- 3) Person-Stable Attribution – One has always been this/that way
- 4) Person-Unstable Attribution – Bx varies within the person and their effort
- 5) Situation-Stable Attribution
- 6) Situation-Unstable Attribution
- 7) Harold Kelly – Theory on how people attribute bx based on information
 - Consistency – Does one act similar in all situations
 - Distinctiveness – How similar situations are to one another

- Consensus – How others in the same situation have acted
- 8) Self-Fulfilling Prophecy – Expectations of others influences their bx
 - Rosenthal & Jacobson's Pygmalion in the Classroom – Teachers expectations of students helped students outperform others

Attributional Biases

- 1) Fundamental Attribution Error – We overestimate internal causes of bx in others and overestimate situational causes in our bx
- 2) The False Consensus Effect – Overestimate the amount of people who hold our beliefs (Common in surveys)
- 3) Self-Serving Bias – Take more credit for good outcomes and less for bad
- 4) Just-World Belief – You deserve what you get

Stereotypes: - Expectations that affect how we interact with groups

- 1) Prejudice – Undeserved, negative attitude towards a group
- 2) Discrimination – Is the bx display of prejudice
- 3) In-Group – Members of your own group
- 4) Out-Group – Those who are not members of your group
- 5) In-Group Bias – Your group is superior to others
- 6) Robber's Cave Experiment – Increased hostility through competition and reduced hostility through cooperation
- 7) Origins of stereotypes & prejudice – Learned bx
- 8) Combating Prejudice
 - Contact Theory – Contact between hostile groups reduces bad feelings
 - Superordinate Goal – Reduce hostile feelings (Robber's Cave Exp)

Aggression & Antisocial Behavior:

- 1) Instrumental Aggression – Act is ended to get you to a specified end
- 2) Hostile Aggression – Aggression with no goal
- 3) Frustration-Aggression Hypothesis – Feelings of frustration make aggression more likely to occur

Prosocial Behavior: - Helping bx

- 1) Bystander Intervention – People close by are more/less likely to help
- 2) Diffusion of Responsibility – The larger the group that witness an accident, the less likely any one person is to help
- 3) Pluralistic Ignorance – We look to see what is appropriate in a situation by looking at others

Attraction

- 1) Similarity – How similar one is to us
- 2) Proximity – How close one lives to us
- 3) Reciprocal Liking – The more someone like you, the more you like them
- 4) Self-Disclosure – Sharing of personal information
- 5) Halo Effect – Allowing a general impression of a person to influence more specific aspects of that person.

Influence on Others:

- 1) Social Facilitation – The presence of others affects our performance on tasks
- 2) Social Impairment/Inhibition – When task is hard and we are being watched, performance suffers
- 3) Conformity & Solomon Asch – People go along with the groups views/actions
- 4) Obedience Studies & Stanley Milgram – People follow authority

Group Dynamics:

- 1) Norms – Rules on how you should act
- 2) Roles – Defined bx of group members
- 3) Social Loafing – Take advantage in a group. “Someone will do it.”
- 4) Group Polarization – Group decisions pull people in further directions than they would make as an individual
- 5) Deindividuation – Loss of self-restraint and some self-identity when we feel anonymous as a group member
- 6) Group Think – Groups make bad decisions to keep good group feelings going