All Psychology Knowledge Organisers

Social Influence

Obedience

Obedience	*following orders from an authority figure*

Studies:

Milgram: 40 males participants had to shock a confederate (actor) whenever they got a question wrong. If they asked to leave they were told to carry on
100% of participants went to 300 volts, 65% went to 450

Hofling: 22 nurses were phoned whilst on shift in a hospital and told to give a drug to a patient. Even though the drug was an extreme and lethal dose 21/22 of the nurses followed these orders

Rank and Jacobson: recreated Hofling's study but with only 18 nurses and a familiar drug name valium. Only 2 of the nurses went to give the drug in this study

Factors affecting Obedience:

1) Proximity of the authority figure– we are more likely to obey if the person giving instructions is closer
2) Legitimate authority – we are more likely to obey an authority figure in uniform
3) Personal responsibility – you are more likely to obey as long as you are not taking responsibility for the consequences
4) Support of others – if other people stop obeying you are likely to stop too
5) Proximity of the victim – you are less likely to obey if you can see the consequences of your actions
6) Authoritarian personality – people with this personality type have more rigid beliefs and are more likely to obey

How to prevent obedience

1) Social support – when we have an ally we are less likely to obey
2) Familiarity of the situation – when we know how to behave in a situation we are less likely to obey. We obey more we do not know how to behave so we just do as we are told
3) Distance – the closer the authority figure is when giving orders the more likely we are to obey. If we walk away from an authority figure we are less likely to obey the orders
4) Education – teaching people about the effects of blind obedience is key to resisting it

Key Words

Ecological Validity
How much a study reflects and applies to real life
Demand Characteristics
How natural behaviour is during a study
Generalisation
How much a study can apply to the whole population
Ethics
How morally sound study is through standards such as informed consent and protection from harm

Deindividuation

Deindividation	*The loss of self awareness and sense of personal responsibility that occurs in members of a crowd*

Studies:

Zimbardo: participants were either made to be prison guards or prisoners in a fake prison. Over time the guards became more abusive towards the prisoners, the prisoners began to see themselves as actual prisoners

Conformity

Conformity	*changing behaviour to fit in with what is social acceptable or peer pressure*

Types of conformity:

Compliance: going along with the majority even though privately we don't agree

Normative social influence: compliance because of the need to fit in with the group

Internalisation: going along with majority because we do not know how to behave

Informational social influence: conformity as we don't know how to behave so we look to others for information

Identification: temporarily adopting the behaviours of others

Studies:

Asch: Participants were shown a line and a choice of 3 other lines and asked out loud to a group of people which line was the same length Despite the answer being very obvious 74% of participants said the wrong answer at least once just because everyone else in the group did

Factors affecting Conformity :

1) Ambiguous situation – if a situation is unclear we are more likely to look to others for the right answer of way to behave
2) Group size – we are more likely to conform to a bigger group of people
3) Acceptance – when everyone in a group is giving one answer or behaving a certain way we are more likely to do this too so we are accepted by this social group
4) Personality – people with an external locus of control are more likely to conform

Bystander Effect

Bystander	*not acting in a situation because you think others will act or intervene*

Studies:

Pivilian: A confederate (actor) collapsed on a train in New York between 11am-3pm. More people came to helped the man when they thought we was blind (had a cane), less people helped when it was a black man and very few people helped when they thought the man was drunk.

The man in cane was helped 62/65 times

The drunk man was only helped 19/38 times

Factors affecting bystander effect:

1) Diffusion of responsibility – when we believe other people will help someone we are less likely to do so
2) Noticing the event – when in a bigger group we pay less attention to what is going on around us, when we are on our own we are more likely to notice an event and therefore help
3) Pluralistic ignorance – we often look at how other people act in a situation so if they are not reacting we don't either
4) Cost of helping – if the cost of helping is too much for us (e.g. dangerous) then we are less likely to help
5) Competence – if we feel capable enough to help then we might e.g. we know CPR
6) Mood – people are more likely to help if they are in a good mood
7) Similarity – if we think we are similar to the person in need of help then we are more likely to help them as we identify with them

How does Culture affect Behaviour?

Collectivistic cultures: cultures and countries where people work together as a community e.g. Middle East, Africa

Individualistic cultures: cultures and countries where people are independent and individuals e.g. Britain, America

- **Obedience** – people in collectivistic countries are more obedient as they are used to working as communities and listening to an authority figure

A replication of Milgram's study by Shanab who found that in Jordan 73% of people would electrocute the confederate when told to

- **Bystander Effect -** individualist cultures are more focused on themselves, they do not cooperate so are less likely to help someone in need
- **Deindividuation** – not affected by culture
- **Conformity -** individualist cultures are less likely to conform as they want to be treated as individuals

Developing

Sensorimotor **AGE: 0-2 years**	• Don't understand time and space • Grasp and suck on objects • Object permanence • Learn by repeating actions
Pre-operational – symbolic **AGE: 2-4 years**	• Role play • Use symbols as words • Egocentric • Animism
Pre-operational – intuitive **AGE: 4-7 years**	• Ask lots of questions • Centration • Irreversibility
Concrete **AGE: 7 -12 years**	• Begin to apply rules • Don't understand abstract ideas • Seriation – sorting objects • Decentration (opposite of centration)
Formal **AGE: 12+ years**	• Control over thoughts • Understanding of time • Understand sequences • Actions have consequences

Piaget's Theory of Intelligence

Schemas/schemata:
Plans and patterns are formed about what we experience

Assimilation:
Incorporating new schemas into existing schemas

Accommodation:
A schema no longer works and has to be changed to deal with experience

Equilibrium:
When a child's schemas work for them and explain everything they experience the child is in equilibrium which is a state of balance

Key Studies

Piaget's three mountains:
Can children of different ages understand the view of someone else?
100 children aged 4-12 years old
Children were asked to move cardboard mountains to show the mountains would look from different viewpoints
Children had to position a doll within the mountains to show a certain viewpoint
Pre-operational stage - could only view things from their perspective
Concrete stage – from age 7-9 children start to understand people can see other views
By 9-10 children can understand that the doll could have a different view if in a different position

Gunderson:
How does praise affect a child?
This study was longitudinal (followed 43 children over a long period of time) – 14, 26 and 38 months and 5 years later
The parent and child were observed for 90 minutes
during their usual days
The more process praise given to a child the more likely they are to grow up understanding that putting in effort is worthwhile
Boys were given more process praise whilst girls received more person praise

Key Words

Object permanence – understanding that when something is out of sight it still exists
Egocentrism – not being able to understand other peoples views or perceptions
Centration – focusing on one part of something, not the whole/bigger picture
Irreversibility – do not understand that changing how something looks doesn't change the 'thing'
Animism - Believing that objects which are not alive can behave as if they are alive

Moral Development

Piaget's Theory:

- 5-10 years old
  - Children believe rules cannot be changed
  - Children believe in heteronomous which are rules put in places by others
  - Children focus on the consequences of actions
- 10 years old
  - Children know the intentions of an action are important
  - Children understand that rules can be changed if everyone agrees
  - Autonomous is where a child understand rules can be decided by the individual person

Willingham's Learning Theory

Factual knowledge: people have to have the content and factual information before they can understand the skills

Building knowledge: knowledge needs to be built upon and remembered in our long-term memory. If information and knowledge is rehearsed enough it stays in our LTM

Building skills: problem solving and creativity are higher ability skills which also need to be practiced so they become easier

Strategies to Support Learning:

- Use problems that are new, require some effort but are within a students abilities
- Practice motor movements behind tasks so they become automatic e.g. learning to write

Moral Development

Kohlberg's Theory:

- Level 1: pre-conventional (up to 9 years)
  - Child believes rules cannot be changed
  - It is the consequences of an action (reward or punishment) which decide it the action is good or bad
  - Stage 1: obey to avoid punishment
  - Stage 2: what benefit can be gained from doing the right thing
- Level 2: conventional (most young adults)
  - The person sees themselves as a good member of society
  - Reasoning comes from understanding group norms (societies values)
  - Stage 3: people want to be seen as good
  - Stage 4: obeying authority and maintaining order as a duty
- Level 3: post-conventional (only 10% of people)
  - People have their own ideas about good and bad
  - Believe in universal morals
  - Stage 5: having morals by agreeing to laws
  - Stage 6: morals are abstract (changeable) but there are ethical principles that must be followed

Moral Development

Damon's Theory:

- Early infancy – global empathy - children's feelings about others is not different to their feelings about themselves
- 1-2 years old – children realise others are upset and this upsets the child however they do not know what to do about it
- Early childhood – children understand that others can have different views than theirs so might act differently. This means a child can be more responsive to someone's distress or emotions
- 10-12 years old – children realise other children can live in poverty and have difficulties such as disabilities

Dweck's Mindsets

Growth Mindset	Fixed Mindset
Enjoy challenge	Do not like challenges
Do not think intelligence is fixed	Intelligence is fixed and can't be changed
Effort can change abilities	Nothing can change ability
Listen and respond to feedback	Do not respond to feedback

Brain and Neuropsychology

Lateralisation of Function

There are 2 hemispheres of the brain – left and right

They control the opposite side of the body e.g. the right hemisphere controls the left side of the brain

Each side of the brain has different roles:

Left	Right
Logic	Personality
Math	Creativity
Language	Intuition
Reading	Music
Writing	Art
Analysis	Spatial awareness

Men and women have different brains which work differently

There is evidence which supports this idea and evidence which suggests men and women do not have different brains

Strengths – evidence FOR	Weaknesses – evidence AGAINST
Harasty: parts of the brain which process and produce language are slightly bigger in females **Rilea:** Males are better at spatial tasks especially tasks which use a lot of activity in the right hemisphere	**Sommer:** no strong evidence that females used both hemispheres for language skills **Rilea:** Men did not always do better in the spatial tasks. Some women performed well in the tasks too

Brain Damage

Visual Agnosia:

Inability to process visual information

Prosopagnosia:

Information to recognise faces

Prefrontal Cortex:

Damage to this area can affect someone's judgement, aggression and personality

Phineas Gage:

In 1848 an accident caused an iron rod to go through Gage's skull (his prefrontal cortex)

Gage changed after this accident showing a link between the prefrontal cortex and personality

Before: capable, efficient, best foreman, well-balanced mind

After: extravagant, anti-social, liar, grossly profane

Key Words

Asymmetrical:

The brain and 2 hemispheres are not symmetrical (mirror images), they are unbalanced/lopsided

Corpus Callosum:

The network of connections between the 2 hemispheres of the brain which help the 2 sides communicate

Broca area:

A small part of the left hemisphere of the brain which controls speech

Key Studies

Damasio:

- Created a 3d replica of Phineas Gage's brain after the accident
- Damasio used this to recreate the accident to explore whether just the frontal lobe was effected or other areas too
- Damasio found that only the right and left hemisphere of the frontal lobe was damaged – specifically the ventromedial region (underside) was damaged the most
- White matter (tissue in the brain) was also damaged
- This shows the ventromedial part of the brain is important for making sensible decisions

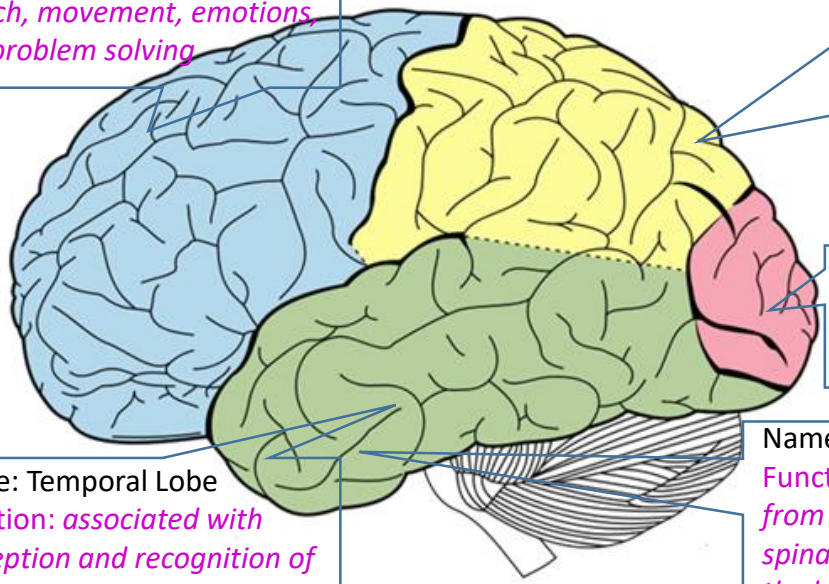
Sperry:

- Used 11 participants with split brain (corpus callosum was cut) who did many tasks
- One task was that participants were shown two words on a screen (one word slightly to the left, the other slightly to the right)
- The participants then had to say the words, or identify pictures of the word
- The 2 hemispheres can work independently as a split brain
- The 2 hemispheres have their own memories
- Left hemisphere was better at naming items (language)
- Right hemisphere was better at identifying objects through feel (spatial awareness)

Name: Frontal Lobe
Function: *associated with reasoning, planning, parts of speech, movement, emotions, and problem solving*

4 sections: Cerebrum
Function: *Thoughts & actions*

Name: Parietal Lobe
Function: *associated with movement, orientation, recognition, perception of stimuli*



Name: Occipital Lobe
Function: *associated with visual processing*

Name: Temporal Lobe
Function: *associated with perception and recognition of auditory stimuli, memory, and speech*

Name: Cerebellum
Function: *receives information from the sensory systems, the spinal cord, and other parts of the brain and then regulates motor movements.*

Central Nervous System

The CNS is made up of the brain and the spinal cord

The CNS is connected to all the nerves in the body

The nerves are called the peripheral nervous system , these are connected to all the skin, muscle and organs in the body

Messages are sent from the CNS to the rest of the body through neurons

Neurotransmitters

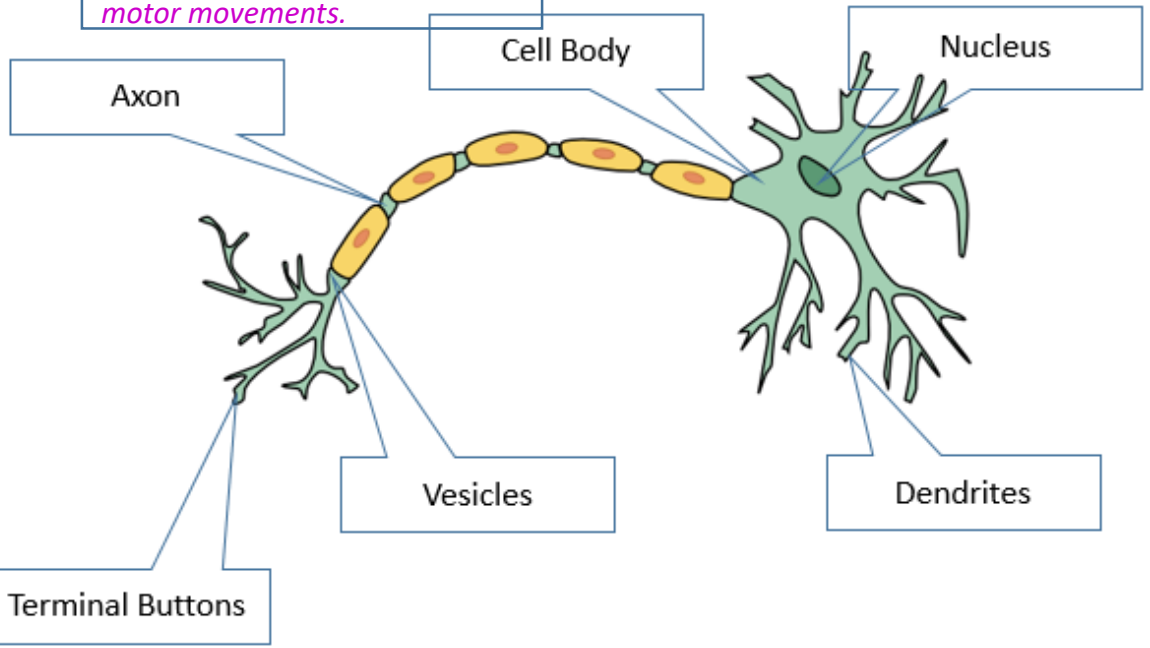
Dopamine: attention, learning and concentration

Serotonin: mood, too little serotonin can make a person depressed

GABA : can help us calm down by relaxing us when we get stressed out

Change over Time:

- No longer cutting open brains (Roman era) – now learn through studies and accidents e.g. Gage and Sperry
- Development of microscope (1595, then light microscope in 1644 and electron microscope in 1931) – means we can see and understand neurons in more depth
- Development of technology and brain scans (CAT 1972, PET 1975, MRi 1977) – means we can see and understand structure and function of brain e.g. Raine



Psychological Problems

Mental Health

Mental health: *a person's condition with regard to their psychological and emotional well-being*

- 25% of people are likely to suffer from mental health per year
- 1.45 million people predicted to be diagnosed with depression by 2026
- People are 10x more likely to be diagnosed with depression in 1980 compared to 1940
- 27% of people who said they had used an illegal substance in their life in 2008
- 31% of people who said they had used an illegal substance in their life in 2014

Depression

Symptoms:

- Sadness
- Hopelessness
- Losing interest
- Loneliness
- Suicidal thoughts

Features:

- Women are more prone to depression
- 3.5 million people are estimated to suffer from depression in the UK
- Teenagers and 50+ years are most likely to develop depression

Addiction

Symptoms:

- Repetitive actions
- Can't stop or reduce activity
- Have to use the substance
- Physical withdrawal symptoms

Features:

- 141,646 people were treated for substance misuse between 2014-15
- 18-24 year olds most likely to be addicted
- 6% of people in the world have an internet addiction

Young

- Participants went through an online CBT programme
- The sample included 114 patients (66 males and 48 females)
- The first session focused on finding out background information of the participant and their disorder

e.g. problems at home, work or school and when their symptoms started, what type of symptoms

- The next sessions focused on skills training by getting the participant to develop skills to treat the symptoms

e.g. stop using online apps or spending online

- The participants had to complete questionnaires after the 3rd, 8th, 12th sessions and again 6 months after the programme

e.g. rate your ability to control you computer use from 1-5

- Participants went from 4.22 motivational score up to 4.36 after 6 months

Caspi

- A group of children were studied since birth (longitudinal study)
- 847 children in total
- Participants completed a questionnaire that looked at life events from 21st-26th birthday
- Participants with at least one gene (5-HTT) AND had stressful life events has more signs of depression
- Participant with the short gene were more likely to become depressed than those with the long gene
- Those with 2 short genes were more likely to be severely depressed

Depression

Causes:

Genetics:

- 17 genes linked to depression
- Genetic deposition – biologically prone to a particular behavior
- *McGuffin – 46% more likely to develop depression if MZ twin was diagnosed*

Cognitive:

- Cognitive Triad – negative thoughts about themselves, the world and the future
- *March – 327 adolescents with a diagnosis of depression and looked at the effectiveness of CBT. After 36 weeks, 81% of the CBT group had significantly improved, demonstrating the effectiveness of CBT in treating depression and suggesting depression is due to thoughts*

Treatment:

CBT:

- Patient explains their thoughts and feelings to the therapist
- Therapist begins to challenge the way the patient is thinking and shows the patient their thinking is irrational
- Therapist and patient work together to replace negative thoughts with positive and rational ones
- Patients will have to keep a mood diary

Dugs:

- Increase the amount of serotonin and dopamine in the body
- Different types of antidepressants – SSRIs, SNRIs, MAOIs and TCAs

Addiction

Causes:

Genetics:

- Dopamine controls reward and pleasure
- Malfunction in the DDR2 gene
- *Martinez – cocaine addicts were more likely to have particular version of dopamine receptors genes*

Learning:

- Operant conditioning – learning through consequence
- Classical conditioning – learning through association
- Social Learning Theory – learning through modelling, imitation and reinforcement
- *Bandura – children who watched a video of adults beating a doll were more likely to imitate this behavior showing we copy role models*

Treatment:

CBT:

- Functional skills – looks at behavior and works out why someone is an addict
- Skills training – gives an addict the skills to overcome this e.g. how to cope with craving or say no

Dugs:

- Reduce withdrawal symptoms
- Helps the nervous system cope without the substance by replacing it with something else to wean themselves off the substance

Memory

Multi-Store Model

The MSM has 3 parts to it:

Sensory memory (taste, touch, smell etc)

↓

Short Term Memory (can hold 5-9 items for 15-30 seconds)

↓

Long Term Memory (can hold unlimited information for an unlimited time)

Evaluation:

Study to Support: Peterson & Peterson (below)

Reductionist – this theory ignores the idea that we remember because of experiences (schemas)

Recency effect: Information received later is recalled better than earlier information

Primacy effect: Information received first is recalled better than later information

Study to Support: Murdock – participants were shown 10-40 words 1 at a time and then had to recall them. People could recall the words and the beginning or end of the list better

Key Words

Encoding:

Changing information so it can be stored

Duration:

How long information can be stored for

Capacity:

How much information can be stored

Storage:

Holding information in the memory system

Retrieval:

Recovering information from storage

Brain Damage

Anterograde amnesia: unable to make new memories

Retrograde amnesia: forgetting all old memories

Study to Support: Milner (HM) – HM had surgery to remove his hippocampus because he had epilepsy and lost the ability to remember any old memories

Reconstructive Memory

This theory suggests we remember because of our schemas

Schema: our existing knowledge that helps us put things in context

Evaluation:

Study to Support: Bartlett (below)

Reductionist – this theory ignores the idea that we remember of our senses (MSM)

There are 4 factors which affect peoples schemas

Omissions: We add details into our recall to give a reason for something that may not have originally fitted with a schema

Transformation: Details are changed to make them more familiar and rational

Familiarisation: We change unfamiliar details to align our own schema

Rationalisation: Details are changed to make them more familiar and rational

Key Studies

Peterson & Peterson:

Peterson & Peterson wanted to test the duration of the MSM

This study used 24 student participants

Participants had to read a list of words, then complete a interference maths tasks before having to recall thee list of words

Peterson & Peterson found that the average duration of the STM was 18 seconds

Bartlett:

Bartlett wanted to test how peoples schemas affect their memory and recall

Participants had to read through a story (War of Ghosts) twice in silence

They then had to recall the story, minutes, days, months and years later

People slowly made the story shorter and changed words based on their schemas (e.g. canoe to boat. Seal hunting to fishing)

Paper 1 Issues & Debates

Social: How does culture affect human behaviour

Collectivistic culture: cultures where people work as a community
e.g. Africa, Asia
Individualistic culture: cultures where people work independently and as individuals
e.g. UK, America

Bystander:
People in collectivistic cultures are more likely to help people in need
People are more likely to help when they feel they are helping people of the same group e.g. race
Piliavin: black people were more likely to help the black man when he fell on the train

Obedience:
People in collectivistic cultures are more likely to be obedient
Replication of Milgram's study:
America: 65% went to 450 volts
Jordan: 73% went to 450 volts

Conformity:
People in collectivistic cultures are more likely to conform
Bond and Smith: Replicated Asch's study across 17 countries. Collectivistic cultures were more likely to conform to the group

Deindividation:
Research has shown that there is no difference between collectivistic and individualist cultures and deindividation

Memory: Is cognitive psychology reductionist

Reductionism: looking at something in smaller parts
Holism: looking at something as part of the bigger picture and as a whole

Reductionist:
1) Multi-store model: describes our memory in small components with specific functions rather than looking at memory as something which is held within lots of areas of our brain
2) Experiments: lab experiments are very controlled and artificial, they do not show natural and holistic behaviour
3) Quantitative data: is reductionist as it only looks at human behaviour in terms of statistics and numerical basic information

Holistic:
1) Reconstructive memory: is more holistic because it sees memory as something that grows and expands based on our experiences
2) Qualitative data: is more holistic as it is in depth and gives more detail than quantitative data

Psychological problems: nature Vs nurture

Nature: biological factors which can affect someone's behaviour e.g. DNA, genes
Nurture: environmental factors which can affect someone's behaviour e.g. school, parents

Nature	Nurture
• Depression is caused by genes • Addiction is caused by genes • Mental illnesses can be treated by drugs • Capsi's study	• Depression is caused by cognitive triad • Addiction is caused by SLT • Mental illnesses can be treated by CBT • Young's study

Paper 1 Issues & Debates

Developing: Evaluate theories of moral behaviour

Morals: standards of right or wrong that can differ between cultures and individuals

Moral development: children**'s** growing understand of right and wrong

Piaget's theory

Strengths	Weaknesses
• Evidence: Piaget's tested his theory using a story about breaking cups on accident or on purpose. Older children were able to show a higher level of moral understanding	• Piaget's used a story in an experiment to test his theory was artificial. This means it lacks ecological validity and the theory was not tested in a high risk, real life setting • The age limits do not account for the idea that some children will move through morals quicker or slower

Kohlbergs' theory

Strengths	Weaknesses
• Evidence: Kohlberg tested his theory using a story about Heniz breaking into a shop for medicine to help someone dying	• Kohlberg used a story in an experiment to test his theory was artificial. This means it lacks ecological validity and the theory was not tested in a high risk, real life setting • The age limits do not account for the idea that some children will move through morals quicker or slower

Daman's theory

Strengths	Weaknesses
• Evidence: Daman tested babies all over the world and found that their emotions are universal	• The age limits do not account for the idea that some children will move through morals quicker or slower

Neuropsychology: how has psychology changed over time

Psychology is still a fairly new subject and has changed significantly over time

1) No longer cutting open brains (Roman era) means we now learn through studies and accidents e.g. Gage and Sperry

2) **Development of microscope**

- Frist microscope 1595,
- Light microscope 1644,
- Electron microscope 1931,

Microscopes means we can see and understand neurons in more depth and how they send messages around the body

3) **Development of technology and brain scans**

- CAT 1972,
- PET 1975,
- MRi 1977,

Brain scans means we can see and understand structure and function of brain

e.g. *Raine who gave 41 murders and 41 non-murders PET scans to show that the murders had less activity in their pre-frontal cortex. This showed the pre-frontal cortex is in control of emotions and aggression*

Criminal Psychology

Learning Theories of Crime:

Operant conditioning: Learning through consequence either positive or negative reinforcement or punishment

Positive punishment: giving something to deter behaviour
Negative punishment: taking something away to deter behaviour
Positive reinforcement: giving something to reward behaviour
Negative punishment: doing something to avoid a consequence

Operant conditioning says there are 2 types of reinforcers:

Primary reinforcers: satisfy a basic need e.g. food
Secondary reinforcers: what we need to get the primary reinforcer

Social Learning Theory: suggests we learn through 4 stages

1) Attention: we notice a behaviour
2) Retention: we remember this behaviour
3) Reproduction: we imitate and copy this behaviour
4) Motivation: this behaviour is rewarded so we are more likely to do it again

Vicarious reinforcement: where you see a role model being rewarded for their behaviour so learn from this
Identification: adopting the behaviour or a role model or group

Biological Theories of Crime:

Genetics: warrior gene (MAOA) which is linked to aggressive, risk taking behavior.
We can test genes through adoption studies, twins and families

Personality: Eysenck said there are different personality traits tested through the EPQ

Extravert: outgoing and adventurous
Introvert: shy and quiet
Neurotic: very emotional
Stable: able to control emotions
Psychotic: lack of empathy, cold and aggressive

High extrovert: people's nervous systems have a low arousal level which means they require extra external stimulation e.g. sky diving, committing crimes
High psychoticism: difficult to socialise (the way you are raised) so struggle to teach good behaviour or correct anti-social behaviour
Unstable neurotic: nervous system responds too quickly so overreact to many situations

Key Words:

Crime: *an action or omission which constitutes an offence and is punishable by law*
Anti-Social Behaviour: *acting in a way that causes or is likely to cause harassment, distress or alarm to one or more people not of the same household*
Recidivism: *when an offender is punished for their crime but then commits another crime when released (reoffending)*
Rehabilitation: *a programme designed to help offenders rather than punish them*
Socialisation: *the way you are raised and taught how to behave*
Holism: *the theory of explaining something as a whole*
Humanitarian: *a concern with the welfare of humans*
Psychopath: *a person who is characterised by a lack of guilt and emotion, antisocial behaviour and selfishness*
Serial Killer: *someone who intentionally murders many people*
Personality: *characteristics and qualities which make up someone's unique character*
Temperament: *the nature someone is born with,* which affects there personality

Studies:

Bandura:

72 children (36 boys and 36 girls) watched an adult play with a Bobo doll

The control group did not watch an adult with the doll (to compare behavior)

The other groups were either shown the adult being aggressive towards the doll or the adult playing nicely with the doll

The child was then allowed to play with the Bobo doll whilst being observed by the experimenter

- Children who say the adult being aggressive were more likely to be aggressive towards the doll
- We are more likely to copy same-sex role models

	Aggressive		Non- Aggressive	
	Female Adult	Male Adult	Female Adult	Male Adult
Mean number of aggressive acts by male child	12.4	**25.8**	0.2	**1.5**

Male control group **= 1.2**

Female child and female aggressive adult = **13.7** verbal aggressive acts

Charlton:

Experiments went to an island in 1994 and recorded behavior of children for 4 months

Television was then introduced to the island

Video cameras were put in 2 primary schools to observe the playground behavior

Experiments watched the videos and recorded prosocial and antisocial behaviour

5 years later the experimenters recorded primary school students again to compare the behaviour

9 significant differences were found

- 5 declines in prosocial behaviour e.g. girls playing in pairs or groups
- 2 increases in prosocial behaviour e.g. boys playing on their own and helping others
- 2 decreases in antisocial behaviour e.g. less kicking and punching in mixed groups

No changes in antisocial behaviour in the 5 years

Boys are more likely to show antisocial behaviour

Punishing and Treating Crime:

Prison: based on operant conditioning as people learning through negative punishment – taking away their liberties such as freedom

Prison can also be a form of negative reinforcement as other people learn from seeing people go to prison

Community Sentencing: when an offender serves their community rather than going to prison. Most commonly used for minor offences

Can also include curfews where the offender has to be at home by certain times.

Restorative Justice: when a victim and offender meet to help the victim recover and make an offender understand the impact of their crime

Token Economy: a programme designed to reward prisoners for pro-social behaviour. Prisons collect tokens which can then be exchanged for a larger reward e.g. extra phone calls, more food, more TV time

Anger Management: a behavioral treatment with an offender and therapist where they learn to control their anger through 3 stages

1) Cognitive preparation: offender had to reflect on their anger and understand their triggers

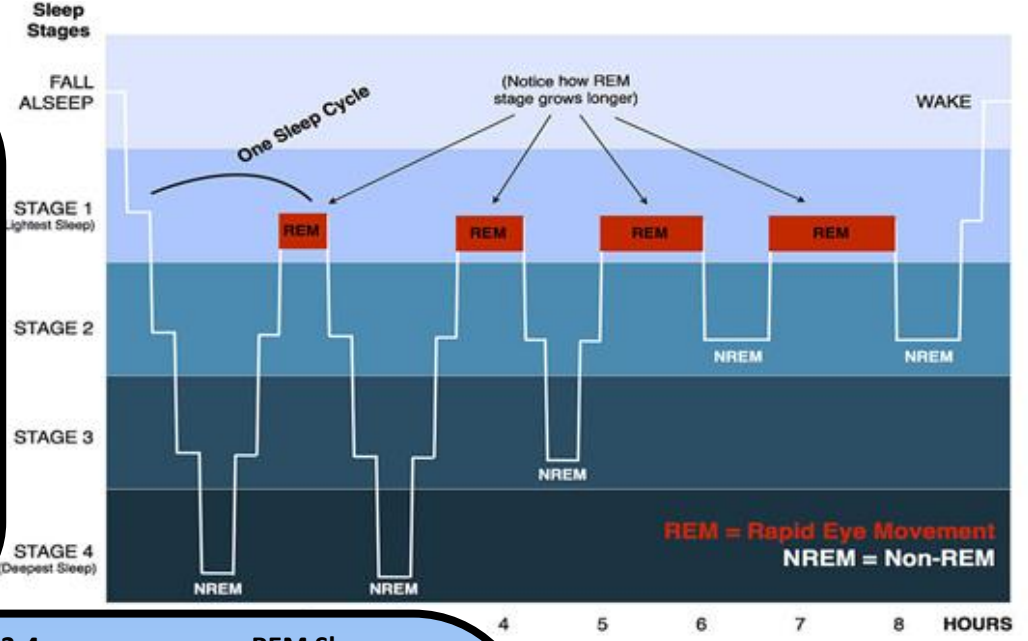
2) Skills acquisition: offender learns skills to help them control their anger e.g. breathing techniques

3) Application practice: role playing anger-triggering situations to practice skills learnt in stage 2

Sleep & Dreaming

Key Words:

Sensory blockade: *part of REM sleep where all sensory information is blocked*
Movement inhibition: *part of REM sleep when movement is prevented*
Sleep deprivation: *not having enough sleep*
Circadian rhythm: *daily cycles such as the sleep-wake cycle*
Ultradian rhythm: *rhythms which occur in less than 24 hour period*
Sleep wake cycle: *a circadian rhythm generally triggered by the day-night cycle*
Sleep cycle: *a nightly pattern of sleep, light sleep and dreaming*
Endogenous*: internal pacemakers as part of our body clock*
Exogenous: *external cues which affect our body clock*
Zeitgebers: *external cues which synchronise our biological rhythms e.g. light*



Stage 1:

- Light sleep
- Can easily be woken up from this stage of sleep
- Alpha brain waves are restful in this stage
- Theta brain waves which are a period between awake and asleep

Stage 2:

- Move from light sleep into sleep
- Heart rate slows down
- Eye movement stops
- Bursts of brain waves (spindles)
- Body temperature starts to drop
- Brainwaves slow down and mainly become theta waves

Stage 3-4:

- Move between light and deep sleep
- No eye movement
- Almost all waves are delta waves
- Slow delta waves but some fast waves still

REM Sleep

- Eyes move rapidly
- Rapid, shallow breathing
- Heart rate rises
- Blood pressure rises
- Shuts off neurons so the body can't transmit messages
- Movement inhibition
- Sensory blockade
- This is the stage where psychologists believe we dream
- Can experience sleep walking or night terrors
- Difficult to wake from this stage of sleep

Key Studies

Freud, Little Hans:

Little Hans had a dream about a horse biting him. Freud believed this meant the boy was scared of his father and the horse biting him represented castration
Freud believed the dream about a giraffe showed his dislike for his father

Siffre:

Siffre lived in a cave for 6 months. He had a tent, a bed, a table and chair
He had frozen food and 780 gallons. This meant Siffre had no light or zeitgebers
When Siffre woke up his team would turn on lights, they would switch them off when Siffre wanted to sleep. Siffre could not keep to the normal day-night cycle
Siffre felt isolated, suicidal and depressed

Theories of Dreaming

Freud's theory of Dreaming

Dreams are a way of processing the unconscious mind
Unconscious mind: what we are thinking/feeling but are unaware of (made up of the id, ego and superego)
Conscious mind: what we think/feel and are aware of

Activation-synthesis Theory (AST)

Dream are activate neurons still firing messages around the brain whilst we sleep
Our brain then turns these messages into stories which we can make sense of

Circadian Rhythms

Human body rhythms which have a 24 hour cycle
Controlled by the SCN
SCN is set by external triggers such as sunlight and body temperature

Ultradian Rhythms

Rhythms that occur in a period of time less than 24 hours
The sleep cycle is an ultradian rhythm as it is 5 cycles of 90 minutes

Internal influences on Sleep

Circadian and ultradian rhythms are internal influences on sleep
Hormones is another big internal influence:
Hormones send chemical messages around the body, sleep helps reset hormones
Hormones are produced in glands such as the pituitary and pineal gland

- Adrenaline: fight or flight, alertness
- ACTH: releases cortisol which causes alertness
- Melatonin: signals the need to sleep

Strength	Weakness
• Miles – studied a blind man whose bodily rhythm was nearer to 25 hours. This means his circadian cycle was not effected by light or external factors. This means there must be internal factors which effect sleep • Li-You Chen – used rats to show that low melatonin levels led to sleep deprivation • If the SCN is removed from hamsters their bodily rhythms stop and their sleep-wake pattern becomes random	• Studying one blind man is not generalisable as it is such a small sample. Other blind people may behave differently • Most of the evidence which shows the effects of hormones is conducted on animals so can't be generalised

External influences on Sleep

The main external influence on sleep is the zeitgebers light

Strength	Weakness
• Understanding zeitgebers helps us understanding • Mistlbeger showed that light, exercise and social stimuli (what the person is doing at the time) affect how tired or awake people are	• Studies which look at sleep are sometimes lab studies which are not high in ecological validity. This means the results are not as helpful • Some studies such as Siffre suggest that everyone has different sleep-wake cycles so it is not just external cues like light which effect it

Insomnia

Symptoms:

- Difficulty falling asleep
- Lying awake at night
- Not feeling refreshed when you wake up
- Feeling irritable
- Not being able to concentrate

Causes:

- Lifestyle: flying frequently, working shifts
- Health: physically and mentally ill
- Food and drink: alcohol, caffeine, sugary drinks, diet pills, taking antidepressants. All these things effect levels of neurotransmitters and hormones

Narcolepsy

Symptoms:

- Excessive daytime sleeping (EDS): Extreme sleepiness and can fall asleep at any time
- Hallucinations: Experiencing something which is not there
- Cataplexy: Loss of muscle power which can occur at any time whether asleep or awake
- (effects about 70% of people with narcolepsy)
- Sleep paralysis: Prevention of any movement during REM sleep
- Vivid dreams: Intense dreams which become difficult to separate from reality

Causes:

- Brain chemicals: hypocretin produced in the hypothalamus
- Genetics: 10% of people narcolepsy also have a family member with the disorder. Chromosome 6 called HLA
- Evolution: muscle paralysis was a survival tactic by humans and animals
- Stress or trauma: the more stressed you are in life or following a trauma

Research Methods

Sampling:

- **Random** – picking people by chance
  e.g. names from a hat
- **Opportunity** – using people who are available where and when you need them
  e.g. students in the canteen at break time
- **Systematic** – every x person from a list
- **Stratified** – having a sample which is in proportion to your target population
- **Volunteer** - people choosing to take part in the study

	Strengths	Weaknesses
Random	• No researcher bias • Representative	• Time consuming
Opportunity	• Quick and easy	• Researcher bias
Systematic	• Simple • No researcher bias	• Might not be representative
Stratified	• Representative	• Researcher bias • Time consuming
Volunteer	• Quick and easy	• Researcher bias

Experiment designs

Independent measures – a different group of participants complete different parts or variations of the study

Repeated measures – the same group repeat all variations or parts of the study

Matched pairs – matching participants in your groups so they have the same characteristics e.g. both groups must have a 30 year old woman in it

	Strengths	Weaknesses
Independent Measures	• No order effects as participants only do 1 part of the study	• More participants needed than repeated measures • Individual (participant variables) between studies
Repeated Measures	• Fewer participants needed • No individual (participant variables) between studies	• Order effects (same as demand characteristics) as they get used to the study
Matched Pairs	• Easier for comparisons	• Time consuming • Difficult to match all characteristics

Hypothesis:

Null hypothesis – says there will be no difference between 2 things
e.g. There will be no difference between how quickly boys and girls run the 100 metre race

Directional hypothesis – says there will be a specific difference between 2 things e.g. Boys will run the 100 metre race quicker than girls by running it in a shorter time

Non-directional hypothesis – says there will be a difference between 2 things e.g. There will be a difference between how quickly boys and girls run the 100 metre race

Variables

Independent variable – what you change in a study

Dependent variable – what you measure in a study

Extraneous variable - outside factors which can effect results e.g. weather, noise

Participant variable – characteristics of a participant which might effect results e.g. age

Analysing Data:

You should be able to calculate the following:

Decimals and rounding
Significant figures
Estimation
Ratios
Fractions
Percentages
Range
Averages (mode, medium and mean)
Distribution (positive and negative)
Graphs (scatter and bar)
Tally
Standard form

Ethics:

4 main principles:

Respect –

Scientific integrity – for all experiments to have a specific purpose which helps/benefits society

Social responsibility – a shared duty to look after humans and animals in experiments

Risk – weighing up the potential harm to a participant

Other guidelines:

Informed consent – Participants agreeing to be part of a study

Deception – not telling a participant the true meaning of a study

Confidentiality – keeping names and participants information private

Right to withdraw – the ability for a participant to leave a study

Protection – to keep participants psychological and physically

Experiment Methods

Lab study

- Artificial setting
- Controlled environment
- Experimenter manipulates the study

Field study

- Natural setting
- Some control over the environment
- Some experimenter manipulation of the study

Natural study

- Natural setting
- No control over the environment
- No experimenter manipulation of the study

Observation

- Watching someone's behaviour to natural situation or event

Case study

- 1 person or small group
- Often over long period of time (longitudinal)
- Can have a lab or field study which is also a case study to

Questionnaire

- Questions asked on paper
- Open questions – unlimited response
- Close questions – limited response

Interview

- Asking questions by talking (phone or face to face)
- Open and closed question
- Structured interview – set questions
- Unstructured interview – no set questions just a topic to discuss

Key Words:

- **Target population** – who your study is investigating as a whole
- **Sample** – who you chose to represent your target population
- **Standardised procedure** – a set order of carrying out a study
- **Random allocation** – how you put participants into groups
- **Counterbalancing** – how to even out the order in which participants complete a study
- **Randomisation** - using chance to decide the order of the study
- **Anomalous result** – a result which is very high or low compared to other results