Introduction
This transcription / reviewer is intended for the exclusive use of Learning Unit II INTARMED students.

Warning: This is pretty long as it’s supposed to give you a crash course on psychology to prepare you for the NMAT. However, this does not intend to be a comprehensive resource.

Suggestion: Answer practice sets or reviewers to give you an idea of what questions will be asked. Go through this trans and pick out what you feel is important.

Hopefully this will also get you interested in the neurosciences (neurology and psychiatry) which you’ll be encountering in med proper. :) Good luck!

I. INTRODUCTION TO PSYCHOLOGY

- Psychology
  - Study of behavior and mental processes
  - Study of mental disorders and their diagnosis, management and prevention
  - Psychiatrist: an MD who has completed residency training in psychiatry

THEORIES

- Structuralism
  - Wilhelm Wundt (1879), the “Father of Psychology”
  - Study of mental processes by specifying the elements of consciousness through introspection

- Functionalism
  - William James (1890)
  - Addresses the social structure as a whole and in terms of the necessary function of its constituent elements

- Psychoanalysis
  - Sigmund Freud (1900)
    - “Life force” / libido / sex drive influences the unconscious mind of a child’s personality
    - Carl Jung
      - Libido: not only sex drive but the desire to excel

- Gestalt Psychology
  - “Gestalt” configuration, form, holistic, structure, pattern
  - We experience things as unified beings.
  - Max Wertheimer (1912)
    - “There are wholes, the behavior of which is not determined by that of their individual elements, but where the part-processes are themselves determined by the intrinsic nature of the whole.”
  - Wolfgang Köhler
    - “The whole is greater than the sum of its parts.”
  - Kurt Koffka

- Behaviorism
  - All behavior can be explained by environmental causes rather than by internal forces
  - John Watson (1913)
    - “The Little Albert Experiment”: Baby Albert was conditioned with loud noise to cry upon seeing a white rat
  - B.F. Skinner
    - Operant conditioning: “Skinner box”
    - Ivan Pavlov
      - Classical conditioning: Pavlov’s dog

- Cognitivism
  - Study of mental processes including how people think, perceive, remember and learn
  - Jean Piaget
    - Stages of cognitive development
  - Alan David Baddeley
    - Working memory

- Humanism
  - Abraham Maslow
    - Fundamental and uniquely human needs and issues
  - Carl Rogers
    - Unconditional positive regard

- Existentialism
  - Rollo May
  - Humanistic themes of death, free will and meaning
  - Meaning can be shaped by myths or narrative patterns and can be encouraged by an acceptance of the free will

II. HUMAN DEVELOPMENT

A. GROWTH AND DEVELOPMENT

- Growth
  - Increase in the size of the whole or any of its parts
  - Hyperplasia: Increase in the number of cells
  - Hypertrophy: Increase in the size of cells

- Development
  - Progressive increase in the individual’s capacities in terms of maturation and learning
  - Onset and progression of an individual’s capacity to functions

PRINCIPLES OF GROWTH AND DEVELOPMENT

- Process
  - Conception to birth
  - Orderly, definite, predictable

- Sequential
  - Cephalo-caudal: head-to-toe
  - Proximo-distal: From the center (heart) outwards
  - Gross to fine skill

RATES AND STAGES

- Optimum stage and initiation of skills and learnings
  - Must be timely and developmentally appropriate

- Neonatal reflexes
  - Rooting, sucking, palmar grasp, Babinski

- Practice: imprinting (in animals), the process by which an offspring follows and imitates as models his / her parents
FACTORS AFFECTING GROWTH AND DEVELOPMENT

- Nature: genetics
- Nurture: environment, behavior, nutrition

B. THEORIES OF DEVELOPMENT

A. PSYCHOSEXUAL DEVELOPMENT (Sigmund Freud)
- Sigmund Freud: founder of classical psychoanalysis

1. Oral Stage (0-1.5 years)
   - Exploration of the world through the mouth (sucking, biting)
2. Anal Stage (1.5-3 years)
   - Control of urination and defecation (expelling or retaining feces)
3. Phallic Stage (3-6 years)
   - Awareness of genital area (sexuality explored)
4. Latency (6-12 years)
   - Personality development prominent, expanding social contacts in
     school (sexuality refined)
5. Genital Stage (Puberty to adulthood)
   - Development of sexual maturity and establishing mature
     relationships

B. PSYCHOSOCIAL DEVELOPMENT (Erik Erikson)
- Erik Erikson: a neo-psychoanalytic theorist (note the corresponding
  stages with Freud’s theory)
- Personality development is a lifelong process through eight stages.
- The outcome of each stage is dependent on the outcome of the
  previous stage (resolving each stage’s ego crisis).

Stage 1. Trust vs. Mistrust (0-18 months)
- Virtue: Hope
- Significant person: mother or primary caretaker
- Needs should be met and care consistent

Stage 2. Autonomy vs. Shame and Doubt (18 months - 3 years)
- Virtue: Will
- Independence and negativism (learning to say “no” before “yes”)

Stage 3. Initiative vs. Guilt (3-5 years)
- Virtue: Purpose
- Learning to plan and carry out actions and to get along with peers
  as an autonomous and independent person

Stage 4. Industry vs. Inferiority (5-13 years)
- Virtue: Competence
- Learning new skills and takes pride in the things made
- Pleasure and satisfaction from the completion of tasks

Stage 5. Identity vs. Role Confusion (13-21 years)
- Virtue: Fidelity
- Integrating different images of the self into a whole
- Identity crisis

Stage 6. Identity vs. Isolation (20-40 years)
- Virtue: Love
- “To love and to work”
- Relating well with others

Stage 7. Generativity vs. Stagnation (40-60 years)
- Virtue: Care
- Generativity; raising children, guiding the next generation,
  creativity, altruism
- Stagnation; self-concern, isolation, absence of intimacy
- Middle crisis

Stage 8. Integrity vs. Despair (60 years onwards)
- Virtue: Wisdom
- Ego integrity: wisdom from life experiences, looking back at life
  with meaning; pleasant reflections and present pursuits
- Despair: loss of hope, i.e. “I haven’t accomplished what I wanted
  to in life; it’s too late.”

C. PSYCHOSOCIAL DEVELOPMENT (Jean Piaget)

1. Sensorimotor Period (0-2 years)
   - Behavior leads to an interesting result, repeated
   - e.g. thumb-sucking
   - Intentionality: ability to act in a goal-directed manner (doing
     one thing to get something to happen)
   - Focusing on one characteristic and excluding
     others
   - Animism: belief that inanimate objects have lifelike qualities and
     are capable of action
   - Concentration: focusing on one characteristic and excluding
     others

2. Preoperational Thought (2-6 years)
   - Shift from purely sensorimotor to symbolic mental functioning
   - Object permanence: objects continue to exist when no longer
     in view

- Egocentrism: Inability to distinguish between one’s own
  perspective and someone else’s
  - Three mountains task: The egocentric child sitting at C thinks
    that the doll at A “sees” only two mountains even though the
    child was allowed to go around the model earlier.

- Animism: belief that inanimate objects have lifelike qualities and
  are capable of action
- Concentration: focusing on one characteristic and excluding
  others
- Lack of conservation: unable to keep in mind what stays the
  same and what changes in an object after it has changed
  aesthetically
  - Conservation of liquids task: A child is shown two identical
    beakers containing the same amount of colored (typically blue)
    liquid. The child was asked whether the two beakers had the
    same amount of liquid in both. Then liquid from one of the
    glasses was poured into a taller, thinner glass. A child who
    cannot conserve answers that there is more liquid in the tall
    thin glass.

3. Concrete Operational Thought (7-11 years)
- Conservation
- Classification
- Seriation: ordering stimuli along a quantitative dimension

4. Formal Operational Thought (11 years to end of adolescence)
- Abstract thinking, hypothetical-deductive reasoning, general-
  specific
- Not all adults develop formal operational thinking (1 in 3 American
  adolescents)

D. MORAL DEVELOPMENT (Lawrence Kohlberg)

Level 1: Preconventional
- Obedience and Punishment
  - Obedying to avoid punishment; rules are fixed and absolute
  - Authority orientation; acting to serve individual needs

Level 2: Conventional
- Stage 3: Interpersonal Concordance Orientation
  - “Good boy-good girl orientation”; emphasis on conformity,
    being “nice”
- Stage 4: Maintaining Social Order
  - Authority orientation

Level 3: Postconventional Level
- Stage 5: Social Contract and Individual Rights
  - Individual rights and standards are critically examined and
    agreed upon by members of society.
- Stage 6: Universal Ethical Principles
  - People follow internalized principles of justice even if they are
    conflict with laws and rules.
C. PARENTING STYLES

1. Authoritarian
   - High demands, not responsive to children; obedience- and status-oriented
   - Strict rules obeyed without explanation; failure to obey leads to punishment

2. Authoritative
   - Highly responsive to children, willing to listen to questions; assertive but not intrusive and restrictive

3. Permissive (indulgent)
   - Few demands, low expectations; more responsive than demanding

4. Uninvolved
   - Few demands, low responsiveness, little communication

III. FREUDIAN PSYCHOLOGY

- Determinism – behavior is determined by:
  - Irrational forces
  - Unconscious motivations
  - Biological and instinctual drives

- Two basic drives
  - Sex (eros)
  - Aggression (thanatos)

- Pleasure principle: The goal of life is to gain pleasure and to avoid pain.

- Instincts
  - Something people inherently have under which they act with spontaneity and without effort or premeditation

- Libido
  - Sexual energy
  - Oriented towards growth, development and creativity

A. STRUCTURE OF THE MIND

- Id
  - Unconscious or subconscious desires
  - Seeks expression without fear of consequences nor regard for control
  - Pleasure principle: "I want it now."

- Ego
  - Operates on all three levels of the mind
  - Manages the conflict between the id and the constraints of the real world; see defense mechanisms below
  - Reality principle: "You can only have it under certain conditions."

- Superego
  - Conscience, sense of right/wrong
  - Operates on all levels of the mind, mostly subconscious
  - Forces the ego to conform not only to reality but also to its ideals of morality

B. DEVELOPMENT OF PERSONALITY

- Psychosexual Stages of Development
  - Oral Stage
    - Mistrust and rejection issues
  - Anal Stage
    - Personal power issues
    - Anal-retentive personality: orderly
    - Anal-expulsive personality: messy

- Phallic Stage
  - Oedipus complex: A boy’s sexual desire for his mother and hostility toward his father, whom he considers to be a rival for his mother’s love
  - Castration anxiety: Boy’s unconscious fear of losing his penis like a female; child fears that his own father will do the same to him for desiring his mother
  - Resolution of the Oedipus complex leads to the emergence of the superego
  - Elektra complex: A girl’s tender feelings towards his father and feelings of competition with her mother for the father’s attention

- Penis envy: Girl’s sense of discontent and resentment resulting from their wish for a penis; feelings of inferiority and jealousy; although she can’t have a penis, she can have a baby

- Latent Stage
  - Socialization

- Genital Stage
  - Sexual energies are invested in life pursuits

- Fixation: inability to progress normally from one stage into another; shows up in adulthood as a tendency to focus on the needs that were over-gratified or over-frustrated

C. DEFENSE MECHANISMS

- Coping mechanism: dealing with the problem (battling it head on); good or bad coping mechanism
- Defense mechanism: covering up

1. NARCISSISTIC

- Most primitive; often used by children and psychotic individuals
- Denial
  - Refusing to admit or face a threatening situation; avoiding awareness of anxiety-provoking stimulus to protect ego
- Distortion
  - Grossly reshaping external reality to fit one’s needs and unrealistically exaggerating one’s sense of superiority and entitlement
- Projection
  - Attributing to others one’s unacceptable thoughts, feelings, impulses

2. IMMATURE

- Deal with internal or external stressors through action, withdrawal or bodily means (symptoms)
- Usually maladaptive; appear in adolescents and some non-psychotic individuals
- Acting out
  - Unconscious wish or impulse acted upon to avoid the unpleasant feeling accompanied by it
- Introjection
  - Internalizing the qualities of an object or significant other
- Passive-aggressive
  - Expressing aggression toward others through passivity, masochism, and turning against self

3. NEUROTIC

- Keep potentially threatening ideas, feelings, memories or fears out of the awareness
- In obsessive-compulsive disorder (OCD), hysterical individuals and adults under stress
- Controlling
  - Attempting to manage events or objects in the environment to minimize anxiety and to resolve inner conflicts
- Displacement
  - Redirecting impulses (often anger) from the real target to a safer but innocent person
- Inhibition
  - Consciously limiting or renouncing some ego functions to evade anxiety arising from conflict with instinctual impulses
- Isolation of affect
  - Hiding one’s emotional response or problems under a façade of big words and pretending one has no problem (detachment from the emotion)
- Intellectualization
  - Excessively using intellectual processes to avoid affective expression
- Rationalization
  - Giving excuses for shortcomings therefore avoiding self-condemnation, disappointments or criticisms from others

4. MATURE

- Promote optimum balance between conflicting motives; maximize gratification and allow awareness of feelings and ideas and their consequences
- Adaptive process; operates in the conscious (anticipation) level already, but may also be unconscious (e.g. humor)
- Altruism
  - Extending service to others to undergo a vicarious experience
- Anticipation
  - Realistically planning for future inner discomfort
- Asceticism
  - Eliminating the pleasurable effects of experiences
- Humor
  - Using comedy to express feelings and thoughts without personal discomfort and without producing an unpleasant effect on others
- Sublimation
  - Transforming unacceptable needs into acceptable ambitions and actions: allows instincts to be channeled, not blocked or diverted
  - E.g. Conversion of compelling desire to get parents’ attention into good academic performance in school
- Suppression
  - Consciously postponing attention to an impulse or conflict that are not usually utterly despicable
  - Repression (unconscious) vs. suppression (consciously postponing)

- Manifestation include failure, procrastination, illnesses that affect others more than oneself
- Regression
  - Resorting to earlier ways of acting or feeling, although it is no longer appropriate
- Fantasy
  - Escaping from real worries by avoiding interactions with people and imagining that the conflict has been resolved
  - E.g. daydreaming
  - Schizoid fantasy: Indulging in autistic retreat in order to resolve conflict and to obtain gratification
- Somatization
  - Converting anxiety to bodily symptoms and reacting with somatic manifestations rather than psychological ones
  - E.g. A student who is about to take an important examination suffers from diarrhea.
- Blocking
  - Transiently inhibiting thinking
- Hypochondriasis
  - Exaggerating or overemphasizing an illness for the purpose of evasion and regression (unconscious, will perceive that they are ill); can be related to fears and apprehensions
  - “Medical student’s syndrome”: Belief that one is developing signs and symptoms that he/she is studying
- Dissociation
  - E.g. “sour graping”
- Reaction Formation
  - Denial or reversal of feelings: Love turns to hate, hate to love
- Repression
  - Shoving unacceptable and distressing memories, thoughts, emotions and urges to the unconscious (recalling it will be too painful)
  - E.g. dreams, Freudian slips (parapraxis): “slips of the tongue”
- Sexualization
  - Endowing an object or function with sexual significance
D. PSYCHOANALYTIC TECHNIQUES AND PHENOMENA

- **Free Association**
  - Client reports immediately without censoring feelings or thoughts

- **Interpretation**
  - Therapist points out, explains and teaches the meaning of whatever is revealed

- **Dream Analysis**
  - Therapist uses the “royal road to the unconscious” to bring unconscious material to light

- **Transference**
  - The client reacts to the therapist as he did to an earlier significant other allowing him to experience feelings that would otherwise be inaccessible

- **Counter-transference**
  - Therapist’s reaction towards the client may interfere with objectivity

- **Resistance**
  - Works against the progress of therapy and prevents the production of unconscious material

IV. BIOLOGICAL PSYCHOLOGY

**A. BRAIN**

- **Neural plasticity**: the ability of the brain to adapt to environmental input

**BRAIN STRUCTURES IMPORTANT IN PSYCHIATRY**

1. **Deep Limbic Center**
   - Controls bonding and mood

2. **Basal Ganglia**
   - Integrates feelings and movement
   - Impairment in anxiety

3. **Prefrontal Cortex**
   - Executive function; planning, decision-making, impulse control

4. **Cingulate**
   - Allows shifting of attention from thought to thought and between behaviors

5. **Temporal Lobes**
   - Reading social cues (facial expression, voice intonation), understanding and processing language, memory, mood stability

**LIMBIC SYSTEM**

- Regulates emotions and memory
- **Thalamus**
  - Relay center
- **Amygdala**
  - Aggression center
  - Modulates emotion and associates memory with emotion
- **Hippocampus**
  - Learning and memory
- **Hypothalamus**
  - Emotion, basic drives (thirst and hunger)
  - Regulates endocrine activity, controls autonomic nervous system, organizes homeostatic and social behavioral patterns

“A hippo lost on campus”

The hippocampus is important in spatial memory.

“I love you with all my hypothalamus.”

The hypothalamus is responsible for autonomic, metabolic, mood and behavioral functions.

**B. NEUROTRANSMITTERS**

- **Acetylcholine (Ach)**
  - Muscle movement, attention, arousal, memory, emotion
  - Alzheimer’s disease associated with deficiency

- **Dopamine**
  - Voluntary movement, learning, memory, emotion
  - Schizophrenia: increased dopamine
  - Parkinsonism: decreased dopamine

- **Serotonin**
  - Sleep, wakefulness, appetite, mood, aggression, impulsivity, sensory perception, temperature regulation, pain suppression
  - Plays a central role in depression: decreased serotonin

- **Endorphins**
  - Pain relief, pleasure

- **Norepinephrine / noradrenaline (NorE)**
  - Learning, memory, dreaming, awakening, emotion
  - Depression: decreased NorE
  - Stupor: requires pain to arouse

- **Glutamate**
  - Main excitatory neurotransmitter in the brain
  - Multiple sclerosis: increased glutamate

V. CONSCIOUSNESS

- Individual awareness of thoughts, memories, feelings, sensations and environment
- Ranges from full attention to temporary (sleep) or permanent (comatose) loss of consciousness

**A BIT OF MED**

In neurology, **consciousness** is reported as:

- **Alert**: awake, attentive
- **Lethargic**: drowsy but awakens to stimulation
- **Obtunded**: difficult to arouse, needs constant stimulation to follow commands
- **Stuporous**: requires pain to arouse
- **Coma**: unresponsive to external stimuli

**A. PROCESSES**

- **Selective attention**
  - Focusing on one stimulus and screening out others

- **Divided attention**
  - Doing two things simultaneously without effort or awareness

- **Influence without awareness**
  - Subliminal perception

**B. SLEEP**

- **Zeitgebers**
  - Factors supporting sleep, e.g. light, temperature, body posture

**STAGES OF SLEEP**

- **Non-Rapid Eye Movement (NREM)**
  - **Stage 1**: between awakening and falling asleep
  - **Stage 2**: Stages 3 (delta / deep / slow wave sleep) and 4: deepest and most restorative sleep

- **Rapid Eye Movement (REM)**
  - Brain is active and dreams occur
Psychophysics: study of how the physical properties of stimuli relate to people’s experience of stimuli.

**Absolute threshold**
- Minimum amount of stimulation required for a person to detect the stimulus 50 percent of the time.

**Difference threshold (or JND: just-noticeable difference)**
- Smallest difference in two levels of stimulation that can be detected 50 percent of the time.

**Sensation Theories**
- **Gate-control theory of pain**
  - The spinal cord contains a neurological “gate” that either blocks pain signals or allows them to continue on to the brain.
  - When a child falls and gets hurt, the mom blows on the limb to ease the pain.
- **Phantom limb**
  - Sensation without receptors as in amputees feeling that the limb is still there.
  - Can be frustrating because patients try to reach for the limb to scratch it or fall off the bed when they try to get up and walk.

**A BIT OF MED**
- **Phantom limb**
  - Is physiologic but phantom limb pain is pathologic.

**HOMUNCULUS**
- Artificially created human named after one of the seven deadly sins (just kidding, FMA fans ;P)
- Refers to how different body parts are represented in different regions of the brain and spinal cord (somatotopic distribution of neurons)
  - Follows a sequence that reflects their order of terminations in the brain stem and spinal cord.
  - Ares assigned to various body parts on the cortex are proportional not to their size, but rather to the complexity of the movements that they can perform (i.e. hand and face have larger representations).

**A BIT OF MED**
- **In neurology, localization of the lesion** is important in evaluating patients with motor or sensory deficits. This is done by understanding how body parts are represented in the brain and in the spinal cord.
- **Pain and temperature** follow the same pathway for sensation. Signals from the peripheral receptors to the spinal cord then ascending the spinothalamic tract to the ventral posterolateral nucleus (VPL) of the thalamus. They are then relayed to the primary somatosensory complex in the postcentral gyrus.

**A BIT OF MED**
- **Involves selecting, organizing and interpreting sensory perception**
- **Phi phenomenon**: Rapid sequences of perceptual events, such as rows of flashing lights, create the illusion of motion even when there is none, as in motion pictures.

**B. PERCEPTION**
- **Subprocesses**
  - **A. Gestalt Laws (Principles) of Perceptual Organization**
    - **Prägnanz**
      - German for “good figure”, “concise and meaningful”
    - **Similarity**
      - Points that, when connected, result in contours which follow the smoothest path.
    - **Good continuation**
      - Points that, when connected, result in contours which follow the smoothest path.
  - **Proximity**
    - **Figure and ground**
      - Separating visual information as figure (stands out) and ground (background)
    - **Proximity**
      - Objects that lie close together are perceived as a group
    - **Closure**
      - Familiar, incomplete forms are interpreted as complete by filling in gaps.
  - **Similarity**
    - Similar objects are grouped together.
- Continuity
  - Interrupted lines and patterns are perceived as being continuous by filling in gaps
- Simplicity
  - Forms are perceived as simple, symmetrical figures rather than irregular ones

**COGNITIVE STYLES**
- Levelers: minimization of differences
- Sharpeners: exaggeration of differences

**VII. PERSONALITY**

**A. THEORIES OF PERSONALITY DEVELOPMENT**
1. Psychoanalytic Theory: Sigmund Freud
2. Neonalyst Theories
   - Erik Erikson
   - Alfred Adler: Individual Psychology
   - Martinmas: focus on the development of people's personality
3. Object Relations Theories
   - Margaret Mahler
   - Normal Autistic Phase (Birth to 4 weeks)
   - Normal Symbiotic Phase (4 weeks - 5 months)
   - Separation-Individuation Proper (5-36 months; 4 subphases)
4. Attachment Theories
   - John Bowlby
   - Attachments formed during childhood have an important impact on adulthood
   - Separation anxiety and its three stages:
     i. Protest
     ii. Despair
     iii. Detachment
5. Cognitive Development: Jean Piaget
6. Sociocultural Cognitive Theory
   - Lev Vygotsky
   - Social constructivism
   - Language plays a powerful role in shaping thought
   - Education is central in helping children learn the tools of culture
7. Moral Development: Lawrence Kohlberg

**B. PERSONALITY TYPES (MYER-BRIGGS)**
- Based on Carl Jung's theory of psychological types and the personality research of Isabel Briggs Myers and Katharine Cook Briggs
- Dichotomies:
  - Favorite world: Extraversion (E) vs. Introversion (I)
C. PERSONALITY DISORDERS

**CLUSTER I**
- **Paranoid**
  - Opaque, suspicious of others, defensive, reassure, preoccupation with control and power
- **Schizoid**
  - Opaque, absentminded, detached, isolated, cold, aloof

**CLUSTER II**
- **Antisocial**
  - Opaque, exploitative, takes advantage of others’ vulnerabilities, lack of self-regulation
- **Borderline**
  - Opaque, impulsive, unstable, subjective

**CLUSTER III**
- **Avoidant**
  - Opaque, afraid of rejection and abandonment, social isolation
- **Dependent**
  - Opaque, needs closeness, loses self-esteem
- **Obsessive-compulsive**
  - Opaque, rigid, repetitive

**PHENOMENA OF MEMORY**

**A BIT OF MED**
In neurology and psychiatry, memory is assessed as part of the mental status examination. A patient is asked to repeat three words or phrases after the examiner gives them (immediate memory) and again after five minutes (remote memory). Remote memory is assessed by asking for the patient’s birthday, grade school, etc.

**B. MEMORY**

**STAGES OF MEMORY**
- Encoding
- Storage
- Retrieval

**TYPES OF MEMORY**
- Sensory memory
  - All stimuli that register through the senses
- Recent memory
- Remote memory

**OTHER CONCEPTS**
- Forgetting
  - Lack of encoding
  - Physical decay
  - Interference
  - Repression
- Autobiographical memory
  - Recollections about own experiences

**PHENOMENA OF MEMORY**
- Zeigarnik Effect
  - More likely to remember incomplete tasks and those associated with difficulty
  - Results from tension when one needs to complete and action; depends on one’s attitude towards work
- Serial reproduction
  - From reconstructive nature of memory
  - A story passed on from one person to another tends to be altered with each person unconsciously
- Tip-of-the-tongue phenomenon
  - Vividly remembering a certain event and even insignificant incidents surrounding it for a long time

**STRESS AND STRESSORS**
- Stress: state of extreme difficulty, pressure, or strain with negative effects on physical, intellectual and emotional health and well-being
- Stress response occurs when internal or external demands exceed ability to cope or adapt

**STRESSORS**
- Frustrations
  - Feelings produced when goals are met with interference which prevents or delays their completion
- Conflicts
  - Individual experiences that create emotional tensions

**ADJUSTMENT**
- Process where internal demands of motivation are brought into harmonious regulation with external demands of reality
- Related to coping: the process of adjusting to stress
- Resiliency: Resilient people are able to utilize their skills and strengths to cope and recover from problems and challenges.

**THE GRIEVING PROCESS (Kubler-Ross)**
1. Denial – “This isn’t happening.”
2. Anger – “Why me?”
3. Bargaining – “If I get cured, then, I commit to this devotion.”
4. Depression
5. Acceptance

**“DABDA”**
- Denial, anger, bargaining, depression, acceptance
  (Just like when cramming the night before an exam xD)

**C. AFFECTIVE AND COGNITIVE PROCESSES**

**A. EMOTIONS**
- Stirred-up state of an organism involving internal and external responses
- Three interacting components: physiological arousal, experience behavior, cognitive appraisal

**CLASSIFICATION**
- Quality: pleasant or unpleasant
- Intensity: mild or strong

**SIX BASIC EMOTIONS**
- Fear
- Anger
- Disgust
- Joy
- Surprise
- Sadness

**ADJUSTMENT**
- e.g. time (deadlines), emotional pressure

**PHENOMENA OF MEMORY**
- Tip-of-the-tongue phenomenon
  - Vividly remembering a certain event and even insignificant incidents surrounding it for a long time
  - Usually events of high emotional content
- Slips of the tongue
  - Linguistic mistakes that are often embarrassing
  - Wrong term due to similarity of sound and meaning to the original word
  - Freud: manifestation of unconscious thoughts and feelings (“Freudian slips”)
Academics and Research Committee | MSC 38

Social Science 01: Psychology

X. MOTIVATION
- Motive: an impulse that causes a person to act. Motivation is an internal process that makes a person move toward a goal
- Motivation: an internal process that makes a person move toward a goal

A. DRIVE REDUCTION THEORIES
- Actions are done in order to reduce needs or drives and maintain a constant physiological state (homeostasis)
- e.g. Eating reduces the need for food.

B. INTRINSIC AND EXTRINSIC MOTIVATION
- Intrinsic motivation: to act for the sake of the activity alone
- Extrinsic motivation: to act for external rewards
- Incentive: environmental stimulus that pulls people to act in a particular way.

C. ABRAM MASLOW: HIERARCHY OF NEEDS
- Physiological
  - Air, food, drink, shelter, warmth, sex, sleep
- Safety
  - Protection from elements, security, order, law, stability, freedom from fear
- Belongingness
  - Friendship, intimacy, affection and love from work group, family, friends and romantic relationships
- Esteem
  - Achievement, mastery, independence, status, dominance, prestige, self-respect, respect from others
- Cognitive*
  - Knowledge and meaning
- Aesthetics*
  - Appreciation and search for beauty, balance, form, etc.
- Self-Actualization
  - Realizing personal potential, self-fulfillment, seeking personal growth and peak experiences
- Transcendence*
  - Helping others to achieve self-actualization
* These have been later added to the original five needs (1943) to form the Expanded Hierarchy of Needs (1970)

Similar to the “PS BE CAST”
- Physiological, safety, belongingness, esteem, aesthetic, self-actualization, transcendence

D. CARL ROGERS
- Rogers and Maslow were both humanist theorists.
- Carl Rogers (1959) believed that humans have one basic motive, the tendency to self-actualize (to fulfill one's potential and achieve the highest level of 'human-beingness' we can)

SELF-CONCEPT
- The organized, consistent set of perceptions and beliefs about oneself
- Consists of:
  - Self-worth (self-esteem): what we think about ourselves.
  - Self-image: How we see ourselves, includes the influence of our body image on inner personality.
  - Ideal self: who we would like to be

POSITIVE REGARD
- Unconditional positive regard
  - Parents and significant others accept and love the person for what he or she is.
- Conditional positive regard
  - Person is not loved for who he or she is but praise and approval depend on the condition that he or she behaves only in ways approved by the parents or significant others.

XL MENTAL DISORDERS

A BIT OF MED
The Diagnostic and Statistical Manual of Mental Disorders (DSM) is used in psychiatry for the diagnosis of mental disorders using defined criteria. Its most recent revision, DSM-5, was released in May 2013.
A. PSYCHOTIC DISORDERS

- Neurosis
  - Mental disorder involving distress but neither delusions nor hallucinations where behavior is not socially unacceptable; can aggravate to psychosis
  - N.B. The term has been eliminated by DSM editors favoring the favoring descriptions of behavior rather than hidden psychological mechanisms as diagnostic criteria.
- Psychosis
  - Impaired reality testing (loss of touch with reality)
  - Lack of ability to evaluate the external world objectively and to differentiate adequately between it and the internal world
  - Folie à deux
    - The sharing of a fantasy by two closely associated friends
- SCHIZOPHRENIA
  - A syndrome of psychotic features especially hallucinations and delusions that cause impairment of social and occupational functioning for more than 6 months
  - Related disorders: Schizophreniform Disorder (1-6 months), Brief Psychotic Disorder (<1 month)

The Four A’s (Eugene Bleuler)

- Primary (fundamental) symptoms:
  - Associations: looseness of associations – speech with lack of coherence and thought
  - Affect: flat affect – very limited range of reactions, i.e. same facial expression whether talking about something sad or funny
  - Autism: loss of contact with reality, “own world”
  - Ambivalence: strong feelings for two contradictory situations, e.g. “I want to make friends but they might reject so I don’t want to”
- Secondary (accessory) symptoms:
  - Hallucinations
  - Delusions

Perceptual Disturbances

- Hallucination
  - Perceiving something that is not there (not perceived by others)
  - Usually auditory (hearing voices) or visual
- Delusion
  - Fixed false belief
  - Persecutory, grandiose, nihilistic, erotomanic, somatic
- Illusion
  - Wrongly perceived stimulus (perceived differently by others)

Agoraphobia

- Fear of being in places or situations in which escape might be difficult or embarrassing, or in which help may not be available should a panic attack occur

B. MOOD DISORDERS

- DEPRESSION
  - Characterized by overwhelming feeling of sadness, guilt and suffering in an extended period of time
  - Most common cause of suicide among the elderly
  - Psychology (DSM-5): Required depressed mood and anhedonia (not finding pleasure in activities which were previously pleasurable)
    - Unipolar: Major Depressive Disorder (MDD)
    - Bipolar: Bipolar I and II Disorders

MANIA

- Uncontrollable impulse
- Elevated, expansive or irritable mood
- Can be a disguise for overwhelming depression

A BIT OF MED
In DSM-5, Bipolar I Disorder involves at least one hypomanic episode (shorter duration) with or without a major depressive episode, while Bipolar II Disorder needs a major depressive episode and a manic episode (longer duration).

C. ANXIETY AND OBSESSIVE-COMPULSIVE DISORDERS

- Eustress: “normal” amount of anxiety associated with optimal levels of functioning
- Distress: anxiety that interferes with social or occupational functioning

ANXIETY DISORDERS

- Generalized Anxiety Disorder (GAD)
- Panic Disorder: characterized by multiple panic attacks
- Phobia: irrational fear of something
  - Specific Phobia
    - Causes: genetics, temperament, psychosocial, previous experience
    - Treatment by behavioral modification: systemic desensitization, or flooding and implosion
  - Social Anxiety Disorder (Social Phobia)
    - Fear of being in social situations in which one might be humiliated
  - Agoraphobia
    - Fear of being in a situation where escape may not be readily possible

OBSESSIVE-COMPULSIVE DISORDER

- Characterized by preoccupation with ritualistic, repetitive actions without which the person thinks something bad will happen
- e.g. Closes the door then goes back to check it three times
- Body Dysmorphic Disorder: preoccupied with one or more perceived defects or flaws in their physical appearance

D. NEUROCOGNITIVE DISORDERS

- DEMENTIA
  - Acquired deterioration in cognitive abilities that impairs the successful performance of activities of daily living (e.g. feeding, grooming)
  - Memory (most commonly lost ability), language, visuospatial ability, calculation, judgment, problem solving
  - Alzheimer’s disease: most common cause of dementia
    - NOT part of normal aging
    - Starts with memory impairment, spreads to language and visuospatial deficits
    - Other causes: stroke (vascular dementia), head injury

ABC’s of Alzheimer’s Disease and Dementia:

- Activities of daily living impaired
- Behavioral and psychiatric symptoms
- Cognitive impairment

E. NEURODEVELOPMENTAL DISORDERS

- AUTISM
  - Commonly in children age 0-2 years
  - Unable to produced intelligible speech but able to produce sounds and obey simple commands
F. OTHER DISORDERS

EATING DISORDERS

- Anorexia nervosa
  - “Anorexia”: loss of appetite
  - Syndrome characterized by:
    1. self-induced starvation
    2. morbid fear of fatness
    3. medical signs and symptoms of starvation

- Bulimia nervosa
  - Classically characterized by binge-eating and purging (induced vomiting)

PARAPHILIAS

- Disordered expression of sexual urges
  - e.g. pedophilia, zoophilia, fetishism, sado-masochism, exhibitionism, voyeurism

DISSOCIATIVE IDENTITY DISORDER

- “Split personality”
  - Characterized by amnesia and fugue (inability to recall events)

XII. RESEARCH METHODS

Descriptive or Correlational Research

- Causation: Variable A directly causes variable B; must fulfill certain criteria, e.g. temporality, plausibility
- Correlation: There is an association between A and B but causation cannot be established. Often, a third factor explains the relationship.
  - Positive correlation (+): As A increases, B also increases.
  - Negative correlation (-): As A increases, B decreases.
  - No correlation: no relation exists between the two variables

Survey

- Questionnaires or interview
- Self-report data may be misleading because respondents can lie, give answers based on wishful thinking, misunderstand the questions, forget

Naturalistic Observation

- Information collected by observing subjects unobtrusively

Laboratory Observation

- Offers researchers some degree of control over the environment; sophisticated equipment may be used to measure or record

Psychological tests

- Used to collect information about personality traits, emotional states, aptitudes, interests, abilities, values, or behaviors
  - Standardized and compared to norms (established standards of performance)