The Language of Analysis

SAFE Psychology Booklet

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Structural Analytical Framework for Excellence provides a ***SAFE Method*** for students, offering a theoretical framework to implant all topics learnt for A-level in psychology. The elements within this framework emanate from core arguments of approaches in psychology, leading to core arguments in psychopathology and treatments. Context for evaluation derives from issues and debates. Students learning this template and its applications can use it as a satnav: directing them how to juggle content material to guarantee a powerful, sophisticated, and effective analysis.

Starting point:

Description = *what the concept is, information ascribed to the concept.*

Choose any concept and write a description of this concept:

Practice 1:

Practice 2:

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Explanation = *How and Why one concept can explain/influence another concept: the linking of a minimum of two concepts.*

Write explanatory sentences for the concepts you described above:

Practice 1:

Practice 2:

The basic cognitive model

X can explain Y; X can influence Y; X can shape Y; X can be a reason for Y; Y is influenced by X; or Y can be the result of X.

Write explanatory sentences for any concepts you choose:

Practice 1:

Practice 2:

Basic scientific model

X can explain Y

Lack of a 100% explanatory power – therefore we need further analysis and related evaluation.

Y = result, the explained/dependent concept = *factor/variable/issue that we need to explain and understand, the outcome; or the dependent concept/variable in experiment.*

X = reason, explaining/independent concept = *factor/variable/issue that is 'doing' the explanation; or the explanatory or independent concept/variable in experiments.*

The options of understanding the relationship, without taking into account causality:

- *X can explain how and why Y (and how and why NOT Y)*
- *X comes before Y*

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- *X needs to happen before Y*
- *Y happens after/following X*
- *Changes in X explain/affect/shape/influence changes in Y*
- *Y happened after X happened, Y is influenced by X*
- *Changes in Y are the result of changes in X*
- *If we wish to change Y – we need to change/influence X*

  - For example: treatments in psychology.
  - Explain the issue of causality, the difference between IV-DV in experimental psychology, and the implications for understanding the basic scientific and analytical model of: X can explain Y.
  - Correlations – how it fits within the basic scientific model.

The difference between description and explanation, as applied to psychology

Choose a concept from psychology, write a description and an explanation, identify X and Y:

Practice 1:

Concept =

Description =

Explanation =

Identify X (the explaining/independent concept)

and Y (the explained/dependent concept):

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Choose a concept from psychology, write a description and an explanation, identify X and Y:

Practice 2:

Concept =

Description =

Explanation =

Identify X (the explaining/independent concept)

and Y (the explained/dependent concept):

A note: *your result/explained concept (Y) is the one you zoom into, then you 'import' X, a reason, an explaining concept, to explain Y.*

Psychology is the study (X) of the human being (Y)

The Human being: human behaviours, mental processes (cognitions, memory), and emotions (also: physiological and social dimensions).

Human abnormality, therefore, abnormal behaviours, abnormal mental processes, and abnormal emotions (also: abnormal physiological and social indicators)

- The 'big' question: where, how, and what is the line that we draw between 'normal' and 'abnormal'.

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X can explain Y

Y = the human being

Y1 = Behaviours

Practice – write examples of behaviours, at different levels of abstraction:

Y2 = Mental processes

Practice – write examples of mental processes, at different levels of abstraction:

Y3 = Emotions

Practice – write examples of emotions, at different levels of abstraction:

Y4, Y5 = Physiological and Social indicators

Practice – write examples of physiological and social indicators:

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Issues to consider:

- **Discrepancies,** incompatibility between key dimensions as above. Theories are important in tackling these issues, thus, we need to evaluate the discrepancies and see how the theory addresses them.

Practice – examples of discrepancies:

- **Dissonance = lack of harmony = conflict between behaviour and an emotion, or within behaviours, emotions and cognitions.**

- **Unit of analysis:** in psychology, the individual is the unit of analysis. Therefore, we need to assess the importance of individual differences; and compare this to other units of analysis.

Practice – examples of individual differences, and compared with other units of analysis (group, organisation, state):

- **Comparative research and theory** – the problem of terminology in different cultures.

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- **Interdisciplinary orientation,** including social psychology, political psychology, and so forth. That is, when the result/explained/dependent concept Y is from psychology, and the reason/explaining/independent concept X is from another discipline (like in social influence). The other way around is, when the result/explained/dependent concept is from political science (like political ideology), for example, and the reason/explaining/independent concept is from psychology (like anxiety). Our focus, as psychologists, is on the first option – it all begins with zooming into the result/explained/dependent concept, the one we identify as requiring understanding and explanation.

  Practice – examples of interdisciplinary explanations in psychology; and explain social psychology:

And the X? these are the approaches, theories, models in psychology

The same analytical layout is used in other disciplines:

Practice – examples in other disciplines:

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Recap of the analytical process, employing the building blocks we have practised:

The theory X can explain the human being (Y): the theory can explain behaviours, mental processes, and emotions.

Psychology is the study of the human being:

- **'The study of',** refers to explaining the human being: exploring, analysing, examining, in order to understand the human being. How and why an individual behaves, feels, and thinks in a certain way.

Y in psychology is almost always any concept that has to do with the 3 key indicators/dimensions of the human being, and it is often the one that is changing in the basic model.

The theories, the Xs, are 'fixed', the Ys, change depending on our question and topic of study.

Therefore, the framework of analysis is consistently using the theories (same key Xs), applied to changing Ys.

The X is embedded in the theory. Each theory, such as behavioural theory, is composed of many theories and models, all sharing something in common.

A note: *The label of the theory is a clue to the concept being used.*

Explanations in psychology:

- X is a reason for Y
- Y is explained by X
- X can influence Y
- Y can be shaped by X

A note: *Explain the difficulty in relating cause to effect, even under experimental conditions; including extraneous and confounding variables.*

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Practice – core sentences in different ways:

Checking up on our identification of X and Y, especially in application scenarios:

Practice – identification and double checking on identification of X and Y, especially in application questions regarding scenarios:

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The origins of psychology

Psychology is the study of the human being.

Wilhelm Wundt, considered **the Father of Experimental Psychology** because he tried to replicate standardised experimental conditions, but relying on introspection that is subjective and non-scientific.

- Opened the first psychology laboratory in Germany in 1879 to study the human mind using a technique called **introspection** = 'looking into' to study sensation and perception.
- The approach known as **structuralism:** the analysis of the mind.
- The process of observing and examining one's own conscious thoughts and emotions. The experimenter may show the person a picture and the participant would report back his experiences, an examination of the inner world, self-report.
- The analysis of oneself: a subjective experience.
- Not objective and not reliable; not scientific.
- Wundt attempted to rely on introspection while adopting experimental conditions. The problem is that introspection cannot, by definition, meet any scientific criteria.
- **Features of science:**
    - Objectivity, and no bias
    - Controlled conditions
    - Predictability
    - Hypothesis testing
    - Replication
- Adoption of scientific methods, but psychology is not a science like natural sciences.
- It cannot be a science like natural sciences:
  The double challenge: the subject of investigation is a human being, and the investigator is a human being.
- **Behaviouralism:** developed in the early 20th century, and it is still dominant and influential. Watson (1913, the Father of Behaviouralism) and Skinner (1948) conducted controlled experiments, mainly with animals, on observable behaviours; a rejection of the study of the mind (**Black Box**) and a focus on **S-R approach** (Stimulus-Response).
- This orientation is linked with the emergence of various other disciplines in the social sciences and humanities.
- During the 1960s, the emergence of **cognitive psychology**; related with technological developments such as scanning techniques.
- During the last few decades, technological advancements amplify the influence of the **biological approach**, especially scanning methods like fMRI (functional magnetic resonance imaging) to measure brain activity by registering changes in blood oxygenation and flow in response to neural activity.
- **Genome sequencing** developments since the early 2000s assisted psychologists in identifying the genetic basis of some mental disorders.

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Debates and issues in psychology
Key points to contextualise evaluation of theoretical arguments

1) The mind-body dilemma
2) Nature versus nurture
3) Determinism versus free-will
4) Reductionism versus holism
5) Individual versus situational differences
6) Cultural differences and cultural bias
7) Gender differences and gender bias
8) Idiographic versus monothetic approach
9) Socially sensitive research and theory
10) Ethical guidelines
11) Scientific approach?

1. The mind-body dilemma

- Questions of metaphysics; consciousness.
- What is the mind versus what is the body/matter/physical entity.
- What is the nature of the relationship between the mind and body; how does it work?
- Dualism = the mind is distinct from the body and a physical account of the human being cannot explain consciousness: *now think, can you see the problem?*
- Physicalism = the mind can be explained by physical terms: *now think, can you see the problem?*

Dualism: division

1 – Substance dualism = the mind (consciousness, non-physical) and body (physical/matter) are separate: each made of different type of substances. They exist independently, but are linked somehow: *can you see the problem?* Thus, division between mind and body as separate entities.

2 – Property dualism = the world is one physical substance, with two types of properties: the physical and the mental.

The mind is not distinct from the body, but it is a property of the brain. The mind's existence (non-physical) depends on the brain (physical), but the mind is not only physical: *can you see the problem?*

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Physicalism: everything is physical and there is nothing beyond physical, no division.
3 – Identity theory = various mental states and processes are identical to brain states and processes, and the progress in brain science can unravel the equation: *can you see the problem?* A belief or pain is the same as neurons firing.
4 – Behaviourism = talking about the mind is talking about observed behaviour, thus, reducing the mind to its physical dimension, behaviour: *can you see the problem?*
5 – Eliminative materialism = physicalist theory that denies the existence of mental states and processes as separate from the physical realm. Mental states are not only reduced to be physical, but actually, eliminated, extreme view: *can you see the problem?*
6 – Functionalism = different mental states (a desire, pain) are constructed by their functional roles, in relation to other mental states, sensory inputs and behavioural outputs. This can also be considered a dualist perspective depending on the specific explanation: *can you see the problem?*

- Dualism – interaction between separate entities
- Physicalism – all physical (including the mind)
- All mind?
- Good and Evil?

2. Nature versus nurture

Nature, **Nativists** = heredity; individuals' characteristics, like behaviours, are determined by innate physiological/biological and genetic factors. A person as a slave to one's own biology.

Nurture, **Empiricists** = the influence of environment, external factors, experience and learning. A person as a slave to one's own environment. The concept of **tabula rasa** or **blank slate.**

- A philosophical debate related to human nature, see mind-body dilemma.
- Nativists, Rousseau: human characteristics are innate.
  In contrast to Empiricists, Locke: human beings are born as a 'blank slate'/'tabula rasa'.
- **The heritability coefficient/estimate** = to quantify the extent to which a specific characteristic is determined by genetics. It is a statistical measure that indicates the extent to which differences in a trait among individuals can be attributed to differences in the individuals' genes.
- **Gene mapping** = linking specific genes with specific behaviours, emotions, and mental processes.

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- **The interactionist approach** = not mutually exclusive, thus the question is the relative influence of nature and nurture in specific situations and questions. In attachment: sensitivity versus temperament hypothesis.
- Similar to the **Diathesis-Stress model** = genetic predispositions can be triggered by stressors (external factors), mediation of factors.
- Expanding the analytical matrix – to minimise reductionism, but aspiring to formulate parsimonious explanations.
- People can have a genetic potential (=**genotype**) like intelligence and height. However, the environment impacts **how** this potential develops and manifests itself (=**phenotype**) because of factors like education, diet, pollution, etc.
- Three types of interactions between genetics and environment:
  1) **Passive** = people with similar genes are likely to experience similar environment.
  2) **Reactive** = genetically determined characteristics may shape a person's experience.
  3) **Active** = people with specific tendencies might seek out certain environments.

Methods:

1) **Family studies** = if family members share a trait (more frequently than others), we can talk about genetic influences.
   The problem: similarity may be the result of sharing the same environment (for example, observation and imitation).
2) **Adoption studies** = comparing an adopted child with its biological and adoptive parents.
   IQ – stronger correlation with biological parents, or 50-50, conflicting findings regarding the strength of the correlation, and its explanations.
3) **Twin studies** = identical twins (monozygotic) share 100% genes; non-identical twins (fraternal, dizygotic) share about 50%. If MZ are more likely to share characteristics than DZ, we can talk about genetic influences.
   Concordance rate = how likely it is that both people in a pair will have a certain characteristic?
   - Sibling and twin studies can be problematic because the assumption that these individuals share the exact same environment is questionable; and even if they do, their subjective experiences are different, even for identical twins. Their experiences are filtered by various factors.

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3. Determinism versus free-will

Determinism = all events and individuals occur in a context of cause-and-effect relationships. What we are, is determined by external and/or internal factors beyond our control. For example, fight-flight stress response – the automatic activation of the sympathetic branch of the nervous system. Compared with the parasympathetic that is also autonomous but much slower; or the influence of genes on mental disorders.

- The potential for prediction.
- The 'illusion' of control, or non-control?
- Scientific; generalisations based on identified patterns/regularities, but non-100% explanatory power.
- No cause-and-effect in psychology, even under strict experimental conditions when the IV is directly manipulated, it is an indication of causality (extraneous variables).
- Subject of investigation is a human being, and the investigator is a human being.
- Determinism is unfalsifiable.
- Most theories in psychology are essentially determinist, if only because of the attempt to identify relationships between X and Y.
- **Soft determinism** = we choose our behaviour, but our choice is the result of various determinist factors.
- **Hard determinism** = human beings are 100% slaves to their environment, biology and past experiences (also: psychic determinism, unconscious forces).
- **The implication:** no free will, therefore no accountability? And the impact on treatments?
- Different approaches are determinist in different ways.

Free will = People are able to freely choose how to behave; not the result of external, biological, or past experiences. We are self-determining.

- People can explain their behaviours, decisions, intentions.
- People aren't 'slaves', aren't controlled by either innate or external forces.
- Responsibility to one's condition, and treatment.
- A problem: free will is subjective.
- The problem of introspection.
- A problem: we cannot ignore some powerful internal and external forces. Nevertheless, think of attachment study and theory and the consequences of deprivation and privation (temperament hypothesis, resilience).
- What when people say: 'I cannot control…', like patients with OCD or phobias.
- Humanist approach.

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4. Reductionism versus holism

Reductionism = explanations of complex things/concepts in simple, unidimensional terms. A look at parts of the 'whole', the individual: applying one level of explanation (like biological reductionism, environmental reductionism).

- A scientific orientation to explain complex concepts by reducing the explaining concepts (IVs, reasons) to their simple structures and processes = basic building blocks and principles (conditioning – aggression).
- Ignoring other influences in the 'matrix' (genetic theory ignores environment, behaviouralism ignores genetics, and so forth).
- The analytical matrix between concepts is complex with theoretical nuances. Yet, we avoid getting into the trap of 'everything can explain anything, anytime'; the need for parsimony.
- Oversimplification of complex human characteristics.
- Most approaches are reductionist, less the psychodynamic (relatively comprehensive approach but not by humanist terms).

Holism = humans are more complex than other subjects of investigation, like, chemicals, animals. A look at the individual as a 'whole' and at all levels of explanations.

- Human beings are unique, and each individual is unique and special (humanist holistic approach).
- Humans should be considered in terms of different combined influences, it is not a zero-sum-game, nor mutually exclusive arguments.
- By reducing and limiting the influence of a specific X on any Y to one single dimension, like genetic or environment, complex concepts (like behaviours, emotions, and cognitions) can be misunderstood.
- Reductionist explanations are likely to lead to reductionist understanding.
- Holistic approach aims to be integrative and comprehensive.
- The problem: 'you capture too much, you captured nothing'.
- The danger in being 'too holistic' is similar to the danger of being 'too reductionist' although from a different angle.
- Explaining any specific concept by 'every factor possible' makes it difficult to organise theories, generalise patterns, and predict. These are the foundations of science. Thus, holism tends to be less scientific and lean on qualitative methods. Qualitative methods are nevertheless scientific in many ways, with inherent weaknesses (how we quantify qualitative data). Some of these limitations are integral in almost every type of research.
- Then the question becomes: is psychology a science, should it be a science, and could it be a science?

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- We aim to explain as much as possible, with as little as possible, and yet be scientific, generalise, and predict, while taking individual and situational differences into account.
- Humanist approach.

5. Individual versus situational differences (Unit of analysis = the individual)

'Inside' the actor/concept (individual), and 'outside' the actor/concept (situational); at different levels; linked with cultural differences:

- **Individual** and **situational differences** refer to how we explain psychological concepts: as something that is explained by concepts that are 'inside' the individual (like personality or dispositional factors), or to be the result of the situation the person is in.

Differences between individuals are crucial, especially as psychology is the study of the human being. Individual differences relate to variations or similarities regarding the explanations of various psychological dimensions. Situational factors will focus on the influence of characteristics of specific settings on the individual.
Individual differences can relate to physical differences, differences in intelligence, emotional dispositions, personality, etc.

The key reasons for individual differences:

- Heredity
- Environment
- Various other factors, but bear in mind: other factors should be examined with relation to nature/heredity versus nurture/environment.
- Also: keep in mind that when identifying patterns/regularities in psychology, all generalisations should be illuminated by the issue of individual and situational differences – and how the generalisation accounts, or doesn't account, for these differences. Very similar to the influence of other factors regarding any given explanation.
- It is difficult to separate individual and situational influences.

One amazing tool to evaluate your explanation is to examine if, how and why, other concepts 'create' a difference to the explanation: making it stronger, weaker, or simply different by any criteria.

Differences embedded in the explanation you examine can be at two key levels: individual (dispositional), and/or situational differences. Situational differences can also

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reflect, or be attached, to individual or group differences – and many other differences derive from these two levels.

In history, for example, you can examine the strength of your explanation across different situations, groups, and periods. In philosophy, you can examine the meaning of any idea with respect to individual, group, or situational differences. Additionally, you can examine any idea along the time dimension, the past compared with the present, for example.

Any element that can differ, in light of the relationship between X and Y, or anything in the relationship between X and Y that 'works' differently can illuminate your core explanation – different conditions, situations, cultures, gender, ethnicity, socioeconomic status, historical differences (past versus the present), any group or any personal attribute.

By analysing such differences, you stretch your explanatory matrix by tweaking it into nuances that provide greater sensitivity to the explanation. This is achieved either by looking into specific elements of X or Y, or by reaching out, enlisting other concepts to cement these nuances. Consequently, deeper understanding of changes in the explained/dependent concept is achieved, which is the ultimate purpose of the analysis.

There are theoretical and methodological considerations in the scientific discourse on these differences, and the way in which they relate to one another. For example, are group differences between men and women in depression the result of dispositional factors like individual personality traits? Or are they the result of situational factors like differences in their work environment? This is a crucial issue because of the significant different implications of such distinct differences. It is possible that there is no significant gender difference in explaining depression, rather, it manifests itself differently between the groups. For example, situational factors mean that confidential access to male versus female GPs is more restricted for men than women, or vice versa. Equally, it is possible that innate biological differences (like temperament) between men and women make men more inclined to express their emotions in ways that are 'external'. Therefore, men are more likely to externalise violence, while women tend to express it internally, and become depressed, which is a form of inward violence towards oneself.

In general, individual differences relate to any difference in explaining the explained/dependent concept (like intelligence) that derives as a result of differences between individuals (like one's diet or specific family genetic history); compared with situational factors explaining differences in the explained/dependent concept as a result of differences in situations.

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In both cases, evaluation of the relationship between X and Y can be enhanced by examining both individual-dispositional and situational differences.

6. Cultural differences and cultural bias

Culture = refers to a set of customs, social roles, behavioural norms, and moral values that are shared by a group of people.
Psychology is the study of the individual, and the individual is a member of a culture and/or various groups.
Cultural bias can develop as a result of judging people based on one's own cultural assumptions.
Socialisation and agents of socialisation: primary, the family, and secondary, schools, peer group, clubs, and various organisations. This is tightly connected with the development of the superego, psychodynamic theory.
Social psychology = the explanation of the individual (Y) by the interactions with other individuals (X) in different settings, groups, or cultures.
Psychology as a discipline developed in western countries, thus, participants are members of these western countries. About 70% of research participants are from the US, and 80% are students.

- The importance of **sub-cultures**.

The reasons behind cultural biases:

1) The assumption that people from western cultures are, at essence, the same as those in non-western cultures.
2) Non-western cultures are somehow 'primitive' whereas western cultures are 'superior', advanced, etc.
3) Cross-cultural studies are challenging: time, money, resources, access.

Research methods and cultural bias:
Cultural bias can be found at various stages: assumptions, aims, and so forth.

1) **Etic research** = applied from a specific culture to another, from outside one culture to another. Trying to find universal laws expressed in generalisations.
   - The bias = towards generalisation when there isn't commonality.
   - Emphasis on what all humans, in all cultures, share: aggression, attachment.
   - Imposed etic = when an observer generalises observations from one culture to another.

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2) **Emic research** = study of a specific culture from within, with no cross-cultural focus.
    - The bias = towards differences when there aren't any.
    - Exploring variations between cultures.
    - Relates to exaggerating differences, and also not looking into variations within a specific culture: sub-cultures and its links with distinct cultures.
3) **Ethnocentrism** = a type of a cultural bias when our own culture is perceived as the norm by which we judge other cultures against. An imposed etic can explain ethnocentrism. The lack of understanding that there is any legitimacy to other cultural norms. For example: African-Caribbeans in Britain can be diagnosed as mentally ill because of behaviours that are normal in their sub-culture.

- Most psychological research studied people from western cultures = ethnocentrism.
- Ainsworth et al (1978) and attachment styles: characteristics of secure attachment (the 'good' attachment style) as studied with American infants, can lead to consider child rearing practices in other cultures as abnormal or negative.
- Asch's (1951) study on conformity, plus changes across time.
- Milgram's (1963) study on obedience; situational factors are important, plus changes across time.
- The difference between **collectivist** versus **individualistic** cultures and societies.
- **Definitions of abnormality**: deviation from statistical norms, deviation from social norms, failure to function adequately, and ideal mental health.
- The importance of cultural differences, differences in sub-cultures, but also how these differences are reflected across time in changes within and between cultures.

Implications:

- Studies with a cultural bias would lead to biased theories, and vice versa.
- It is particularly important when theories and research bear implications that have practical applications, especially regarding abnormality, or education (socially sensitive research).
- People of African-Caribbean origin in the UK are 7 times more likely to be diagnosed with schizophrenia (1% in the population, across cultures).
- African-Caribbean individuals are often prescribed stronger doses of medication compared with white patients, despite similar symptoms.

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Challenges:

Cross-cultural studies are expensive, time consuming, and can be complicated.
They may reduce bias, but findings have a validity and reliability problem:

- Language, translation, and difficulty to interpret behaviour being from a different culture.
- Difficult to replicate cross-cultural studies, a problem of reliability, that can be connected with the problem of validity.

Ways to reduce bias:

- Recognition of **cultural relativism** = ethical, beliefs and social standards reflect the culture from which they derive, its institutions, history, social and political structures, etc. Therefore, there is an immanent tension between universalism (human rights) and cultural relativism. The roots are in philosophical discourse about the nature of good-and-bad, wrong-and-right.
- Research samples should be representative.
- Research in meaningful context, and recruiting local researchers.
- The contribution of international students in reputable western universities.

7. Gender differences and gender bias:

Gender bias = a preference towards one gender. A different treatment and/or representation of males and females that is not based on real differences and can lead to invalid (biased) generalisations about men and women.

Alpha bias:

1) Gender differences are exaggerated and amplified: for example, Freud argued that because girls do not go through the Oedipus conflict as boys, they do not identify with their mothers as boys do with their father. Stress study on fight-flight response is based on male participants, whereas women can react differently, and therefore assume to react abnormally compared with men.
2) Use to undervalue one of the sexes.
3) Attributed to biology/hormones/genetics = fixed.

Beta bias:

1) Differences between the sexes are ignored or minimised. For example, studies that assume that findings from research with male participants can be equally applied to females (Kohlberg and moral development, Milgram and obedience).
2) A sample with one gender, then a generalisation to both.

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Androcentrism = males as the norm, women as exception to the rule. The result of beta bias: prioritising male psychology as the norm, underestimating female experiences.

Estrocentrism = female perspectives and experiences as the norm, much rarer.
Research design can make gender bias more or less likely:

- Research questions and aims – trying to avoid stereotypes and prejudice.
- Participants – don't choose only males or females and then generalise to both sexes; unless of course, you 'need' only males, females, children, etc. (attributes).
- Be aware that gender stereotypes can affect expectations, interpretations, and conclusions based on data.
- Not all studies are published. It might be linked with a publication bias, studies that demonstrate a gender difference are more likely to be published and that can contribute to alpha bias. Use **peer review**.
- Variations within groups versus between groups. Similar to the significance of subcultures versus cultural differences, and related biases.
- Make a distinction between deliberate versus nonintentional impact, at every aspect and stage of theory development and research.
- Diagnosis of depression, aggression, etc. Men in prisons for criminal violent offences: the question becomes is it 'true' in reality or the result of a bias?

8. Idiographic versus nomothetic approach

Idiographic = focus on the individual and its characteristics and unique existence (or on one group/institution as the unit of analysis). Derives from the Greek word 'idios' meaning 'own', 'private', or 'self'.

- Each person is unique, and therefore avoiding generalisations and theories that ignore this uniqueness.
- Mostly case-studies, self- report, interviews, observations.
- Rich, detailed, qualitative in-depth data tend to be more subjective than objective.
- More complex explanations of the individual.
- Fewer people are studied – a problem of generalisation.
- Some theories can be illuminated by case studies, like in memory and brain damaged patients.
- Humanist approach, also psychoanalysis with universal generalisation (nomothetic) of the structure of personality and psychosexual development.

Nomothetic = applies to general laws and theories to explain behaviour across a whole population. Derives from the Greek word 'nomos' meaning 'law'.

- Laboratory and correlational research, groups of participants.

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- Mostly quantitative methods.
- Likely to lack ecological validity, mundane realism – thus, a problem of generalisation.
- Ignoring or minimising individual differences.
- Biological, behaviouralism, and cognitive approach.

9. Socially sensitive research and theory

- Ethical guidelines are linked with ethical implications and applications, based on research studies for the wider population.
- For example, if a study finds gender differences between men (more analytical) and women (more emotional) – that can lead to a bias in application to specific jobs.
- Ethical implications that derive from the theory and/or research findings.
- Findings highlight social issues that are relevant to society.
- Findings might lead to stigmatisation, prejudice (based on attitude that is formed without a reason or experience), stereotypes (a belief about a group of people). Both prejudice and stereotypes are oversimplified views on a group of people. Can lead to discrimination and violence.
- Research which may have implications for: individuals in the research, and for relevant groups in the society.
- Some argue that socially sensitive research shouldn't be carried out for ethical reasons while others argue that it should, because it has implications for society as a whole.

Genetic influences – research:

- Genetic predispositions – towards aggression, criminal behaviour – carry the risk of stigma, racial profiling.
- Possibility of compulsory genetic testing – ethical issues.
- Screening and identification of genes linked with psychological disorders like schizophrenia.
- Can lead to anxiety for people in vulnerable groups (like in women's cancer – identifying gene that put them at a higher risk, but it isn't a certainty).

Race:

- Some IQ studies demonstrate racial differences – the problem of interpretation.
- Can cause social-political tension, unrest, and violence.
- Should 'race' as an attribute/factor be used at all?
- Concepts that are socially-constructed – sociodemographic factors.
- What does it mean for other attributes?

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10. Ethical guidelines

These are issues related to conflicts between the rights of participants and the aims of the study:

- Informed consent.
- Deception (and presumed consent and debriefing).
- Protection from harm (physiological and psychological) and the right to withdraw.
- Debriefing.
- Confidentiality and privacy.
- The use of children in psychological research.
- The use of animals in psychological research.

11. Scientific approach?

- What kind of methods?
- Quantitative versus qualitative methods.
- The characteristics of science: objectivity, controlled conditions, predictability, hypothesis testing, replication. Rejection of introspection and subjectivity.
- Empiricism = all knowledge is based on experience derived from the senses, the experimental method: 17th-18th century by Locke, Berkeley and Hume. Adopted by behaviouralists.
- Induction = an inductive reasoning process from the details (or observations) into the general 'whole' (an idea, a theory, the identified regularity or pattern).
- Deduction = a deductive reasoning process from the general 'whole' (an idea, a theory) into its details, or observations.

Psychology is the study of the human being, by a human being: *can you see the complexity of the problem?*

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The Theoretical Framework in Psychology

Core arguments for:

- *General theory.*
- *Abnormality.*
- *Treatments.*
- *Debates and issues = key contextual points of direct evaluation related to core theoretical explanations.*

Biological theories:

Study and explain the human being by employing biological/physiological concepts, rather than psychological concepts.

X1 = Evolutionary, genetics.

X2 = Brain (structure, chemicals).

- A glance at the endocrine system, controlled by the brain; pituitary master-gland.

Psychological theories:

Study and explain the human being by employing psychological concepts, rather than biological concepts.

X3 = Behaviouralism, and social learning.

X4 = Cognitive theory.

X5 = Psychodynamic theory (Freud).

X6 = Humanist theory.

X7 = Social approach.

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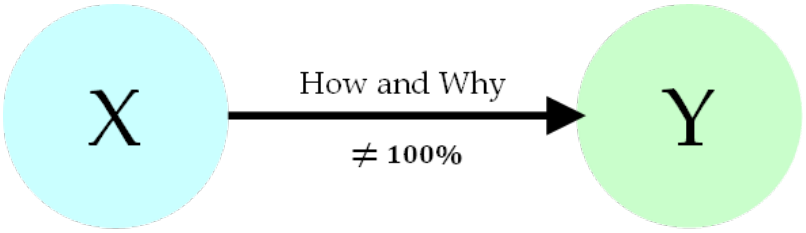
Basic Template in SAFE Psychology

Y = *any concept that involves any behaviours, and/or mental processes, and/or emotions at the individual level that we aim to explain, study, examine, understand.*

X = *theories in psychology*



X can explain Y (non-100% relationships)

Aim/Research Question (Introduction)

- **To explain Y** *(result, the explained/dependent concept/factor/variable; identifying Y), or to examine the relationship between X (reason, the explaining/independent concept/factor/variable) and Y; types of relationships between X and Y*
- *Setting up the scene, context*
- **What is Y** *(=description/conceptual and operational definition)*
- **What is X** *(=description/conceptual and operational definition)*

The Analysis (Body)

- **Analysis:** *How and Why X can explain Y (types of relationships)*
- **Evaluation:** *of the relationship between X and Y (lack of a 100% explanatory power)*

Conclusion

- **Generalisation:** regarding the relationship between X and Y (types of relationships)

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Definition of abnormality

This topic relates to the first step in the study of psychopathology = definition of the explained concept, namely: mental disorders, at a general abstract level, or at a specific level, like a specific mental disorder, in specific settings/attributes, like depression of women in major cities in the UK.

We are facing this demanding task before we embark on the explanation of *How and Why* any concept can explain depression, for example.

- It is challenging to 'decide' on the point of transition from 'normal' to 'abnormal.
- DSM-5TR Diagnostic and Statistical Manual of Mental Disorders published in 2022 (first edition was published in 1952) provides the diagnostic criteria; symptoms that are persistent, pervasive, and distressing.
- The problems: subjectivity, self-report, observation, and bias.

The common guidelines for abnormality:

1) Deviation from social norms

All societies have social norms: behaviours and beliefs that deviate from these norms can be regarded abnormal.

- Practical and useful.
- Subjective: can be open to interpretation.
- Cultural differences and subcultures.
- Change over time between and within cultures.
- Eccentricity.
- The role of context.
- Ethnocentric bias.

2) Deviation from statistical norms

Abnormality can be seen as a statistically rare behaviour (statistical infrequency), on both sides of a normal distribution; away from the average.

- Objective criterion.
- Useful, as a diagnostic tool, provides cutting-off point.
- Difficult to define.
- Cultural differences and subcultures.
- Individual and situational differences.
- IQ above 140 (average is 100) is infrequent yet not abnormal, compared with anxiety disorders that are frequent.

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3) Failure to function adequately

Abnormality can be defined depending on the level of functioning of the individual;
Features (Rosenhan and Seligman, 1989):

- Dysfunctional and maladaptive behaviour (prevents achieving goals).
- Observer discomfort.
- Unpredictable behaviour.
- Irrational behaviour.
- Personal distress (anxiety, depression, excessive fear).
- Objective and quantifiable (GAF Scale, the global assessment of functioning: a score from 0 to 100).
- Successful functioning means 'normal' and psychologically healthy, and vice versa?

4) Deviation from ideal mental health

A humanist orientation that alters the perspective from asking when we can think of abnormality onto when it is 'normal'; a more positive perspective.

Jahoda's (1958) indicators:

1. Positive attitude towards oneself, self-esteem: super important factor.
2. Self-actualisation.
3. Resistance to stress.
4. Personal autonomy (internal locus of control versus external and helplessness).
5. Accurate perception of reality: super important and at the heart of all theories one way or another regarding mental health.
6. Adaptation (flexibility compared with rigid attributes/authoritarian), mastery of the environment (successful work, life, balanced).

- Holistic orientation.
- Subjective.
- Change over time.
- Cultural differences and subcultures.
- Difficult to define.
- Difficult to achieve (Maslow, 1943, argued that around 1% of people achieve self-actualisation).

Overlapping parameters, and overlapping symptoms, including the challenge of comorbidity = the presence of more than one medical or psychiatric conditions for the same individual.

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Key types of mental disorders and clinical symptoms:

Based on symptoms/features regarding behaviours, emotions, and cognitions – and also, physiological (heart rate) and social symptoms (social withdrawal and aloofness).

Mood/affect disorders = depression, bipolar disorder.

Anxiety disorders = phobias, OCD, generalised-anxiety disorder, social anxiety disorder, PTSD, panic disorder.

Cluster A personality disorders = 'odd' thinking patterns and behaviours, like paranoia or lack of emotional response. Persistent, inflexible, and pervasive maladaptive symptoms. Paranoid, schizoid and schizotypal disorders.

Cluster B = anxious thoughts and behaviours, involved unpredictability, dysregulation, intensity, impulse control, like borderline personality, narcissistic personality disorder, antisocial disorder.

Psychotic disorders = schizophrenia, paranoid schizophrenia, bipolar disorder.

Clinical symptoms, examples:

Schizophrenia

B: disorganised and unpredictable, speech poverty, psychomotor disturbance like catatonia, repeated patterns.

E: flat affect, avolition (lack of motivation), inappropriate affect.

C: delusions (grandeur, persecution, paranoia) hallucinations (perception), language impairment like invented words, incoherent, nonsensical.

Phobias

B: panic, screaming, running away, avoidance of phobic stimulus.

E: fear and anxiety, disproportionate response to threat.

C: selective attention to phobic stimulus, irrational beliefs.

Depression

B: low energy, lethargy, not getting out of bed, disruption to sleep and eating.

E: low mood, feeling worthless, hopelessness, helplessness, anger, anxiety.

C: poor concentration, difficulty making decisions, catastrophising, irrational thinking.

OCD

B: compulsions, rituals, repetitive behaviours (hand washing), avoidance of stimulus.

E: anxiety, distress, guilt, disgust.

C: obsessive repeated thoughts, rumination, recurring, intrusive, hypervigilance (over-aware).

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Theories in psychology

1) Evolutionary theory

Core theoretical argument

X = **Genetics**

Genetics can explain human behaviours, emotions, and cognitions.

Human behaviours, emotions, and cognitions are the result (Y) of genetic predispositions (X) that run in the family history (for survival).

- 23 pairs of chromosomes = 46, DNA genetic makeup

Assumptions of the approach

Assumption 1: Biological determinism = human behaviours, emotions, and mental processes are determined by biological genetic predispositions that are inherited.

Assumption 2: Evolution plays a significant role, competition over resources and adaptation to the environment for survival.

Strengths:

1 – The approach helps to understand and explain the genetic basis of mental and psychological traits such as memory, intelligence, and language, as adaptations: as the functional products of natural selection.

2 – It helps to demonstrate how certain behaviours evolve over time and made it possible for human beings to survive and reproduce. It includes the examination of the 'role' of mental disorders.

Weaknesses:

1 – Can be a reductionist approach – reducing the complexity of human behaviours, emotions, and cognitions into merely biological mechanisms without taking into account various environmental and psychological influences on the human being.

2 – Genetic determinism.

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Examples:

Genotype: actual genes estimated between 50-100,000, cannot be changed.

Phenotype: how the genes manifest themselves in response to environmental factors, like height (strongly influenced by genotype) but can be influenced by malnutrition.

Influence on physical characteristics: hair colour, eye colour.

Bowlby's (1951) monotropy hypothesis: babies are born with the genetic predisposition to get attached to their primary caregiver for survival.

Lorenz (1935) – goslings are imprinting (fixed attention and following, getting attached) on the first moving object they see even when it is not their biological mother (also supports Bowlby's critical period/a biological process).

- Gender behaviours.
- Intelligence.
- Personality.

Core abnormality argument

Abnormality (abnormal behaviours, abnormal emotions, abnormal mental processes) can be explained by genetic predispositions and mental disorders that run in the family history. Mental disorders are inherited.

Examples:

Schizophrenia – 48% concordance rate identical twins, 17% nonidentical.

Depression – 40-50% concordance rate identical twins, 20% nonidentical.

Bipolar depression – 40-70% concordance rate identical twins, 5-10% nonidentical.

Huntington disease (with psychological abnormal symptoms) due to a faulty gene, inherited.

OCD linked with the SLC1A1 gene.

BRCA1 (higher risk for ovarian) and **BRCA2** associated with a much higher risk for breast and ovarian cancer, but also male cancers like prostate and also breast.

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Core treatment argument

N/A – the difficulty of 'tampering' with genetics, 'fixing' genetic abnormalities?

- Preventive medical procedures based on identified genes.
- Genetic profiles (and gene mapping), and genetic engineering.

Examples:

N/A? when, how and why?

C. Darwin: **'survival of the fittest'** describes how organisms that are adapted to their environment are more likely to survive and reproduce. The concept of natural selection is not exactly the same, rather it is a consequence of the existence or lack of such adaptation. Like: short and long neck giraffes and access to food on high or low plants, camouflage in animals, bacteria resistant to antibiotic, virus resistant to vaccines.

These are gradual changes over many generations, therefore, evolution.

The question becomes: how and why there is a strong genetic predisposition to mental disorders? A difficult question.

Gene mapping – but what can be done with the knowledge?

Some patients with schizophrenia have a chromosomal abnormality called a copy number variant (CNV); there's an extra copy of part of the chromosome (a duplication) or a part that is missing (a deletion).

Genetic engineering – for physiological attributes versus psychological; ethical issues.

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Debates and issues

Nature versus nurture:
Nature, but: genotype versus phenotype

Determinist versus free will:
Genetic/biological determinism

Reductionist versus holism:
Biological reductionism

Individual differences (unit of analysis = the individual):

Situational differences:

Cultural differences and cultural bias:

Gender differences and gender bias:

Scientific approach?
Highly scientific; Nomothetic

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2) Neuropsychology theory

X = **Brain**

X1 = **brain structure**

- Brain mapping, linking parts of the brain to specific functions.
- Brain scans, invasive versus non-invasive, showing structure and/or activity.

X2 = **brain chemicals**, neurotransmitters

Neurotransmitters = chemicals messengers to communicate between one neuron to another (released into the synapse), carrying signals between neurons; the target cell can also be muscle or gland.

- The role of **hormones** = pituitary gland = a pea-sized gland attached to the base of the brain (to the hypothalamus), responsible for hormones (growth, metabolism, reproduction, etc) that are secreted into the bloodstream.

Core theoretical argument

- Different parts of the brain are responsible for different functions (behavioural, cognitive, and emotional functions).
- Different neurotransmitters can explain/are responsible for different behavioural, cognitive, and emotional functions.
- And, different hormones can explain various behavioural, cognitive and emotional functions.

Assumptions of the approach

The biological approach examines the role that physiological factors play in explaining human beings: the role of genetics (evolutionary theory), brain structure and neurotransmitters, and hormones.

Assumption 1: Biological determinism = human behaviours, emotions, and mental processes are determined by biological factors like genetic, brain structure and functioning, neurotransmitters, and hormones. Thus, human abnormality is explained to be the result of genetic predispositions and/or abnormality in brain structure or chemical imbalance.

Assumption 2: Human physiological functioning is the same across cultures, thus, cultural universalism = human beings are born with the same brain in different cultures.

Assumption regarding methodology: Physiological processes can be measured objectively and reliably, using various recording devices like EEG and brain scans like

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fMRI. Thus, creating a highly scientific approach, in contrast to self-report procedures like questionnaires. Attempt to determine cause-and-effect relationships.

fMRI functional magnetic resonance imaging = measures brain activity by detecting changes in blood flow. BOLD = blood oxygenation level-dependent; brain activity increases the demand for oxygen, thus leading to an increase in blood flow to the active region.

MRIs display anatomic **structure** and fMRIs measure metabolic **function**.

fMRI, functional magnetic resonance image scanner which is non-invasive (unlike PET) because it doesn't involve injections and radioactivity. The scanner works by measuring the contrast in blood-oxygen levels between areas of activation and non-activation in the brain.
fMRI is non-invasive, PETs are minimally invasive.

PET Positron emission tomography. It uses a radioactive tracer that attaches to the glucose in the bloodstream. The tracer accumulates in areas of higher brain activity.

CT Computerised tomography

Scan is a series of X-ray images converted into cross-sectional images of your brain – it produces detailed images of structure. The results of a CT scan can provide more detail than a standard X-ray.

EEG Electroencephalography

It measures brain waves. Attaching small electrodes to the scalp. The electrodes detect electrical activity.

Strengths:

1 – Direct observation (brain activity) using various scanning and recording methods, thus, reliable and objective.

2 – The experimental methods can provide some indication to cause-and-effect relationships; that also has a positive implication of understanding efficiency of biological treatments compared with psychological ones.

3 – Human physiology is the same in all cultures.

4 – Similarities and differences between people can be understood in terms of the biological factors and their interaction with other factors.

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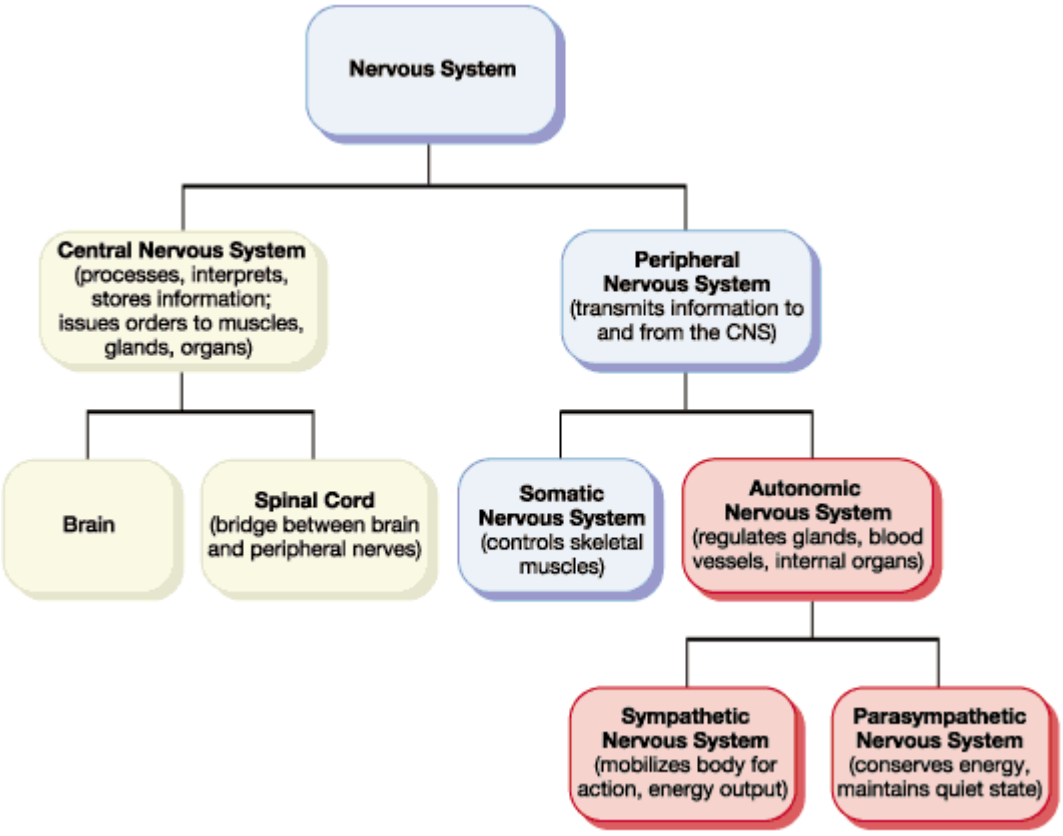
Weaknesses:

1 – Can be a reductionist approach – reducing the complexity of human behaviours, emotions, and cognitions into merely biological mechanisms without taking into account various environmental and psychological influences on the brain, and on the human being.

2 – Findings are representing associations between biological factors and human dimensions (like behaviours), rather than cause-and-effect relationships. Thus, we cannot be certain that a specific part of the brain is the direct and only cause of a specific behaviour. Therefore, we also cannot conclude that a specific malfunction or chemical imbalance is the cause of a certain abnormality. The possibility that the abnormality is, in fact, the reason for example for chemical imbalance cannot be excluded.

3 – The apparatus used (recording and scanning of the brain and its activity) can provide false or misleading information, thus, the data can be reliable but not necessarily valid.



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Examples X1:

Hippocampus a small seahorse shaped region, crucial for memory and spatial navigation. It seems to play a crucial role in converting short-term memories into long-term by organisation of the information.

Average size of **right posterior hippocampus** (important for learning and memory) was significantly larger in taxi drivers in London, the longer they worked as a driver the larger it got.

Hypothalamus (important for regulating homeostasis) and amygdala (perception of emotions, registering threats) and aggression.

The limbic system (hippocampus, amygdala, hypothalamus, thalamus, and cingulate gyrus): one of the oldest/primitive parts and across species, important for regulating emotions, memory and behaviour, especially those that are related to survival.

Hormones can explain various psychological functions.

Examples X2:

Serotonin plays a role in various physiological and psychological functions. For example, regulating body temperature, sleep, hunger, and mood. Low level is associated with depression.

Dopamine is responsible for feeling pleasure, satisfaction, and motivation. High level is associated with schizophrenia.

Epinephrine (adrenaline) can act as neurotransmitter that helps neurons communicate. It is also a hormone because it is produced by the adrenal gland with peripheral functions (fight-flight) by release into the blood stream.

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Core abnormality argument

- Abnormality is the result of damage/dysfunction within the specific part of the brain responsible for the function.
- Abnormality is the result of abnormal neurotransmitters, chemical imbalance/ dysfunction.

Examples X1:

Prefrontal cortex (lack of activity, reduced grey matter and cortical atrophy, degeneration) and schizophrenia; also enlarged ventricles in the brain indicating low activity.

Brain damaged patients, case studies, with loss of STM or LTM.

Frontal lobe, **amygdala,** and **hippocampus** linked with depression.

Dysfunctional basal ganglia and OCD.

- Question of cause-and-effect

Examples X2:

Low level of serotonin and **depression**.

High level of dopamine and **schizophrenia**; and the revised hypothesis refers to high dopamine activity in some areas (sub-cortex) but low dopamine activity in other areas (prefrontal cortex), with evidence also about decreased glutamate (excitatory neurotransmitter) in patients.

Increased levels of glutamate and lower levels of GABA associated with patients with OCD.

- Question of cause-and-effect.

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Core treatment argument

- Brain surgery (rare, no longer performing lobotomy); the problem of no-regeneration for neurons: brain damage is irreversible and irreparable.
- Pills – balancing brain chemicals.
- ECT.
- Invasive versus non-invasive methods and considerations.

Examples X1:

Lobotomy (severing connections in prefrontal lobe) in schizophrenia; with serious consequences (the 'loss' of personality, catatonia, seizures, cognitive impairment).

Split brain, corpus callosum removal in extreme cases of epilepsy to separate the connection between the right and left hemispheres and to contain the seizure to one side of the brain; with serious consequences (awareness issues, personality changes, involuntary movement).

- Ethical issues, invasive treatments.

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Examples X2:

Drug therapy:

- Cheap, quick, effective, accessible.
- Side-effects, dependency, addiction, ethical issues.

SSRI (selective serotonin reuptake inhibitors) drugs that increase serotonin for OCD, such as Prozac or Zoloft.

SSRI for **depression**, such as Prozac or Zoloft.

Benzodiazepines such as Xanax and Valium for **anxiety.**

Typical antipsychotic, first-generation drugs (to regulate dopamine, such as Chlorpromazine) and **atypical antipsychotic medication** second-generation (to regulate neurotransmitters effectively, in more combined ways, while reducing side-effects, such as Clozapine to balance dopamine and serotonin in schizophrenia).

Lithium, a mood stabilising medication for **bipolar disorder.**

ECT for **severe depression** and **bipolar**, last resort for mental disorders that are resistant to other therapies.

Electroconvulsive therapy = delivering brief electrical pulses to the brain triggering a brief seizure affecting brain chemistry and activity; 2-3 times a week for 3-4 weeks, performed under general anesthesia. Unilateral or bilateral electrodes, with muscle relaxant. Side effects: memory loss, muscle pain, headaches, nausea. About 80% significant improvement for patients with depression.

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Debates and issues

Nature versus nurture:
Nature, mostly

Determinist versus free will:
Biological determinism

Reductionist versus holism:
Biological reductionism

Individual differences (unit of analysis = the individual):

Situational differences:

Cultural differences and cultural bias:

Gender differences and gender bias:

Scientific approach?
Highly scientific, development of scanning techniques; Nomothetic

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3) Behavioural theory

Y = **behaviours only** - not including emotions and mental processes.

X = **learning from the environment** through **classical conditioning** (by association) and **operant conditioning** (through reward/punishment, reinforcement). Learning through direct experience.

Social learning: X = the observation and imitation of **role models**. There is a limited account for mental processes in the explanation: attention and retention (for the learning aspect), motor reproduction and motivation (for the performance/behaviour aspect). Learning through indirect experience.

Also, through **vicarious reinforcement**: through observing and imagining the experience of someone else, the role model being punished or praised.

A note: *social influence, through interactions with others (conformity, obedience).*

Core theoretical argument

- Behaviouralism argues that all behaviour (limitation on Y) is learnt from the environment through classical (through association) and operant conditioning (through consequences of reward/punishment).

  Tabula rasa/blank slate.

  Stimulus—Response or input-output and **Black Box**; the mind and 'heart' is irrelevant.

  All behaviour is learnt, except reflexes and instincts which are innate, biological, nature.

  Animals and humans learn in the same way, hence animal studies.

  Observe and measure only **quantifiable behaviours**.

- Social learning: X is learning from the environment through observation and imitation of role models (those we identify with). There is mediation by cognitive processes like attention, retention (encoding), motivation, decision-making, etc.

Assumptions of the approach

The learning approach examines how human behaviour is shaped by influence from external factors. It is often called the behavioural approach in psychology because of its focus on explaining human behaviour rather than emotions and cognitions. According

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to this approach, psychology is the study of behaviour (excluding emotions and mental processes).

Assumption 1: Environmental determinism = human behaviours are learned and shaped through classical and operant conditioning. Thus, all behaviour is learned (nurture) through experience and nothing is inherited (nothing is nature/innate/genetic).

Assumption 2: From social learning theory (as outlined by Bandura, a variation of behaviouralism) – behaviour is learned from the environment but not only through conditioning, rather through observation and imitation of role models, especially through observing the consequences of the behaviour of a role model. Indirect learning.

Assumption regarding methodology:

Of the three dimensions of the human being – behaviours, emotions, and mental processes, only behaviour can be observed directly, objectively, and empirically using our senses. Therefore, the subject of investigation is behaviour, and the methods are drawn from natural sciences. Thus, a very scientific approach, with standardised procedures and relatively controlled experiments.

Classical conditioning principle – learning by association, as outlined by **Pavlov** (1905), where a dog would associate a neutral object (a bell) with a positive event (receiving food), so in the future, the dog would salivate when hearing the bell. The dog learned to associate the bell with receiving food.

Operant conditioning principle – learning through a system of rewards versus punishments, thus, we learn behaviour through its consequences – if consequences are 'good' we are likely to repeat the behaviour in order to achieve the reward, if they are 'bad' (or neutral) we are less likely to repeat the behaviour in order to avoid punishment.

Three types of consequences:

1- Positive reinforcement = receiving a reward when the behaviour is performed.
2- Negative reinforcement = avoiding something unpleasant when a behaviour is performed.
3- Punishment = an unpleasant consequence when a behaviour is performed (likely to decrease this behaviour).

Examples:

- Buttons phobia (2002) – demonstrates how the boy's phobia from buttons was learned by a previous experience, by association.

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- Parrots (1987) – demonstrates how animals can learn through a form of observational learning.

Strengths:

1 – A highly scientific approach: transformed psychology into a science because of the scientific use of the experimental method focusing on observable data (observing behaviours), and rejecting the study of emotions and cognitions because they cannot be observed and studied scientifically.

2 – Human and animals' behaviours are learned through similar principles of classical and operant conditioning, and imitation. Therefore, there are many studies using animals.

3 – Mental illnesses are acquired through learning, and using similar learning principles, such illnesses can be treated.

Weaknesses:

1 – Can be a reductionist approach – reducing the complexity of the human being into primarily the dimension of behaviours which are learned. Emotions and mental processes are an important part of the human experience and not investigating them means we miss out on important understanding.

2 – It is also a reductionist approach because it doesn't take into account emotions and cognitions, but it is also reductionist because of its environmental determinism – because it ignores various biological factors, but also ignores some external influences on behaviours. Behaviour can be influenced not only by learning, but also by interactions with other people.

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Examples:

Observable quantifiable behaviour.

Classical conditioning: **Pavlov** – dogs and salivation (unconscious learning of association)

UCS (food) with UCR (salivation) ------- NS (bell) with No Response from dog

UCS (food) plus NS (bell) leading to UCR (salivation) (creating association)

The result of the conditioning CS (bell) leads to CR (salivation)

Attachment: UCS (food) with UCR (pleasure)

The baby learns to associate the pleasurable stimulus (food) with the NS (caregiver) during feeding because it occurs at the same time.

The result after learning: the NS (caregiver) is now a CS that creates CR (pleasure) == attachment bond.

In operant conditioning pertaining to attachment: can explain why babies cry for comfort (important facet of the attachment bond). Crying leads to a response (feeding) by the caregiver, and crying is reinforced because it produces a pleasurable consequence (hunger reduction). While the baby is positively reinforced to crying, the caregiver receives negative reinforcement because the crying stops when feeding. Thus, an interplay between positive and negative reinforcement.

Harlow (1959) comfort more important than food.

- Definition of attachment = a strong **emotional** and **reciprocal** bond between the infant and its primary caregiver (usually the mother).

Operant conditioning (conscious choice based on consequences): increasing the likelihood of a behaviour through reinforcement (positive: doing something to get a positive consequence; or negative: doing something to avoid a negative consequence), and decreasing the likelihood of a behaviour through punishment.

Skinner (1938, 1948, 1953) and rats pressing on a lever to get food (positive reinforcement); stopping electrical shocks negatively reinforced pressing on a lever; and if pressing the level turned the electrified floor on instead of off (punishment) so decreasing the likelihood of pressing the lever.

- Conditioning: implications and application in education, and… on the other hand, training of animals (thus, 'training' children) and brainwashing techniques

Social learning: **Bandura** et al (1961) **Bobo doll and aggression**

Children who observed an aggressive role model acted more aggressively (hitting the Bobo doll) than children who observed a non-aggressive model (increased when observing same gender role mode, the role of identification with role models to motivate for imitation).

Vicarious reinforcement = when the role model is praised for aggression, then increased imitation by the child, and when the role model is punished for aggression, then decreased imitation by the child).

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Core abnormality argument

- Abnormal behaviour is learnt from the environment as maladaptive or dysfunctional behaviour.
- Abnormal behaviour is learnt from observing and imitating role models displaying abnormal behaviour themselves.
- Mental disorders are acquired from the environment.

Examples:

Two-process model: **phobias** are acquired through classical conditioning and maintained through operant conditioning.

Watson and Rayner (1920): **Little Albert**, demonstrated how a fear of rats was conditioned in Little Albert (about 9 months old). Whenever he played with a white rat (laboratory real animal), a loud noise was made; after a few times, the baby showed a fear response every time he got into contact with the rat. Thereafter, to other white fury objects (like a rabbit), including a fur coat (generalisation of the fear to other stimuli).

Button Phobia: Saavedra and Silverman (2002), a 9-years old boy gradually developed intensive fear of buttons as a result of knocking over a bowl of buttons in front of his teacher and classmates. He reached the desk to pick up a few buttons for an art project. He was treated successfully through positive reinforcement therapy and imagery method.

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Core treatment argument

- Changing into a new learning through conditioning = systematic desensitisation, flooding, token economy.
- Changing role models…

Examples:

A treatment based on **classical conditioning:** aimed to create learning for a new association by involving relaxation rather than anxiety.

Systematic desensitisation: step-by-step gradual exposure to the feared stimuli to extinguish anxiety, disgust, and avoidance.

Aversion therapy: nausea drugs to be taken with alcohol, bad smell or taste like bitter nail varnish for biting nails.

Flooding: full-blown exposure in one go, instantaneous.

Extreme anxiety cannot be sustained indefinitely. The fear is bound to diminish.

Token economy: reward/punishment chart.

SLT 'treatment': change your role models, or through vicarious elements (celebrities, role models).

- How we do that in daily life?
- Relapse. Short term versus long term effectiveness.
- Symptoms' migration (substitution of symptoms).

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Debates and issues

Nature versus nurture:
Nurture
SLT: Nurture

Determinist versus free will:
Environmental determinism
SLT: Soft determinism

Reductionist versus holism:
Environmental reductionism
SLT: less reductionist

Individual differences (unit of analysis = the individual):

Situational differences:

Cultural differences and cultural bias:

Gender differences and gender bias:

Scientific approach?
Scientific; Nomothetic
SLT: mostly scientific; Nomothetic

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4) Cognitive theory

X = **cognitions**, mental processes

Y = **behaviours and emotions**

Core theoretical argument

The way the individual thinks (cognitions) can explain the individual's behaviours and emotions.

- Mental processes can explain the human being.
- Examination of how we interpret the world, how and why we think the way we think – and how this thinking shapes our behaviours and emotions.
- The mind is compared to a **computer** – how we make sense of information. The brain as a processor with input and output of data.
- The role of **schemas** = a schema contains all the information about an object, action, concept, other people. It is like a cognitive roadmap, a package of knowledge.
- When new information is consistent with the schema = assimilation, and when it is inconsistent there is an accommodation or possibly a change in the nature of the schema.
- Role schema, event schema, and self-schema.
- Can stop people from learning new information.
- Cognitive biases and errors: like confirmation bias = the tendency to search for, and interpret information that confirms and supports one's existing beliefs and knowledge.
- Prejudice and stereotypes.

Assumptions of the approach

The cognitive approach examines the role that cognitions (and mental processes in general) play in explaining emotions and behaviours.

Psychology is the study of behaviours, cognitions, and emotions. Different approaches developed different theories from different perspectives. The cognitive approach turns cognitions from being part of the explained concept (the human being) into the concept that is explaining behaviour and emotions. Focus on information processing.

Assumption 1: Cognitive psychology is focusing on the mind, on various mental processes like: cognitions (rational/normal and irrational/abnormal), problem solving, perceptions, understanding of ourselves and the world, memory, attention, decision

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making, and so forth. The approach attempts to understand how and why mental processes (the mind) affect the human being.

The approach assumes that how we think can explain how we behave and feel. Accordingly, abnormality is explained as a result of abnormal cognitions.

Consequently, cognitive treatments focus on 'transforming' abnormal cognitions into more rational and realistic cognitions, in order to treat mental disorders.

Assumption 2: Human beings, and the human mind, is perceived to be a complicated computer – information is registered and enter the human mind (input), it is then being processed and stored, and there is an output that is influenced by this process. While behaviouralism 'ignores' the mind and refers to it as a 'black box' that cannot be investigated empirically, the cognitive approach focus is on the way the mind, this 'black-box', operates and shapes emotions and behaviours.

Strengths:

1 – Relatively highly scientific, typically using experimental methods that developed alongside the development of computer science, therefore many experiments involve direct manipulation of the IV in order to check its effects on the DV. Therefore, can provide some degree of indication of cause-and-effect relationships.

2 – Human beings, and the human mind, is perceived to be a complicated computer – information is registered and entered the human mind (input), it is then being processed and stored, and there is an output that is influenced by this process. The approach is focusing on the study of the mind and how the mind is influencing the human being.

Weaknesses:

1 – Some argue that the approach cannot be fully scientific because there are limitations to the way we investigate the mind. In contrast to behaviours that can be observed empirically and objectively, mental processes (and emotions) cannot be treated the same way. There are subjective elements to mental processes, and these elements can always influence the human being without the experimenter being able to record and interpret correctly such subjective appraisals. And even if participants are being asked about such subjective personal thoughts, we can never be sure they tell the truth (problem with self-report) and they may lie not only to the researcher (for various reasons) but also to themselves, consciously or unconsciously (as argued by the psychodynamic approach).

2 – The analogy of the mind to a computer is relatively simplistic and reductionist. It cannot take into account all the elements that make a human being 'human'. While the mind process information based on input and then can conduct various output

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functions (in the way we behave and feel), there are various subjective elements that need to be taken into account.

While behaviouralism is limited because it considers human beings to be almost the same as animals, cognitive psychology is limited because it considers human beings to be like computers.

3 – It assumes that the way people process information is practically the same (like memory processes) but it does not take into account individual and situational differences that can have a major impact on how human beings operates, even if they share the same principles of processing information.

Examples:

Schema = a mental package of knowledge developing through experience.

Linking prefrontal cortex to long term memory like episodic (memory of everyday past events, like the first day at school) and semantic memory that is encoded by meaning, therefore requires higher and complex cognitive functions.

Cognitive neuroscience = examines brain activity regarding various cognitive processes, a combination of biological and cognitive factors.

The computer metaphor:

Data goes in (input), being processed, and goes out (output).

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Core abnormality argument

Abnormality is the result of abnormal distorted and irrational cognitions, such as negative thoughts, irrational beliefs, black-and-white thinking, and overgeneralisations.

Examples:

Depression = can be explained by abnormal distorted cognitions:

- Negative thoughts
- Irrational beliefs
- Black-and-white thinking
- Overgeneralisation

Beck's negative triad (1979), negative thoughts towards:

1. the self *('I am useless')*
2. the world *('everyone knows I am useless and don't like me')*
3. the future *('I will always be useless')*

Ellis's ABC model (1962):

A = activating event

B = beliefs regarding why the event happened:

- rational beliefs, leading to **C**: rational consequences; or
- irrational, leading to **C**: irrational consequences

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Core treatment argument

Transforming abnormal cognitions into more 'normal' ones: Elli's ABC model, Beck's negative triad.

Examples:

CBT Cognitive Behavioural Therapy

- Identify faulty cognitions.
- Help to examine the irrationality.
- Setting up goals towards more positive thinking.
- Focus on the present.
- Recording patterns, the link between thoughts and actions.

  - **The origin of distorted cognitions?**

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Debates and issues

Nature versus nurture:
Nature and nurture

Determinist versus free will:
Soft determinism

Reductionist versus holism:
Less reductionist

Individual differences (unit of analysis = the individual):

Situational differences:

Cultural differences and cultural bias:

Gender differences and gender bias:

Scientific approach?
Mostly scientific; Nomothetic and Idiographic

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5) Psychodynamic theory

X = **psychodynamic emotional conflicts**

- Conflicts between emotions (unresolved).
- Origins in childhood experiences (psychosexual stages).
- Unconscious.

Core theoretical argument

The structure of personality is founded on the id, ego, superego.

Human beings are shaped and governed by a dynamic interplay of emotional conflicts between the id (instincts, nature) and superego (morality, nurture). Ego is the conscious self, the referee, its role is to constantly negotiate conflicting demands between ego and superego.

- **Id:** innate, **pleasure principle**, responsible for drives like sex and aggression.
- **Ego:** developed around the age of 2-4 years old, and acts based on the **reality principle**, balancing the id and the superego.
- **Superego:** acquired, develops around 4-5 years old. Acts based on the **morality principle**: fighting against shame and guilt resulting from the demands of the id (hence, self-criticism).

Assumptions of the approach

Assumption 1: Psychodynamic emotional conflicts that are unconscious shape who we are. The origin of these conflicts is in childhood experiences.

Assumption 2: Failure to address and resolve these conflicts is likely to lead to abnormality, partly because of excess use of defence mechanisms and the failure to regulate anxiety. Defence mechanisms are unconscious coping strategies to help us reduce anxiety.

Strengths:

1 – The approach was one of the first to emphasise the importance of childhood experiences in shaping adult life and mental health.

2 – In-depth qualitative approach; it provides extensive data on the individual. Psychoanalysis paved the way for 'talking therapies'.

Weaknesses:

1 – Unscientific from the core of the theoretical assumptions: it is a theory of contradictions and inconsistency at the heart of its arguments, and science cannot

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tolerate contradictions that are immanent. It works against the quest for patterns, regularities and consistencies which characterise the scientific process.

2 – Reductionism: some argue that Freud's approach overemphasises childhood experiences as the origin of abnormality in adulthood. The approach ignores the role of other factors from later life on mental health.

Examples:

Three levels consciousness:

1 – Conscious = what we are directly aware: thoughts, perceptions, observations and actions;

about 10%!

2 – Pre-conscious (or subconscious) = what we are unaware of, but have the ability to access: memories and beliefs, stored knowledge; what we realise when we 'think' about it.

3 – Unconscious = most of all the rest… including biological drives and instincts, desires, repressed memories, fears etc. Hidden, unavailable, dangerous/sexual desires, protection from anger, guilt, shame.

Conflicts between the personality elements can lead to **anxiety.**

Ego's job is to **mediate** conflicts to reduce anxiety. It is conducted through defence mechanism that have a positive function until almost inevitably they are being overused.

The ego's job is conducted by using unconscious **defence mechanisms**:

- **Repression** = the ego 'stops' painful thoughts from being conscious by intentional forgetting.
- **Denial** = painful reality being ignored or blocked, refusal to accept reality (smokers).
- **Displacement** = negative impulse being redirected (chain of aggression).
- **Projection** = attributing unacceptable thoughts, feelings and motives (even actions) to another person.
- **Regression** = to an earlier stage in life (sucking a thumb).
- **Sublimation** = satisfying an impulse (like aggression) with a substitute object/activity that is acceptable (punching a kickboxing bag in the gym).
- **Reaction formation** = acting in the opposite way to how the individual feels.
- **Rationalisation** = providing false excuses for unacceptable feelings, thoughts and actions.

Stages of psychosexual development = oral (0-=18 months), anal (18 months-3 years), phallic (3-5 years), around 5-6 years Oedipus and Electra complex, latency (sexual desire is repressed, 5-12 years) and genital (puberty).

Fixation (from too much or too little pleasure at any stage).

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Core abnormality argument

Abnormality is the result of a weak ego failing to balance the conflicting demands between id and superego, thus, overuse of defence mechanisms.

Abnormality where 'id' takes over versus abnormality where 'superego' takes over.

Examples:

Everyone is abnormal in some immanent ways, because of the human condition and experience as described in the theory.

Abnormality when defence mechanisms are excessive, frequent, pervasive, the ego cannot manage to juggle the tension and anxiety; they are overused, flow over, expand.

Oedipus complex in boys occurs at the phallic stage, and penis envy in girls.

Childhood traumas, development of symptoms.

Concepts:

Drive *= an urgent basic need impelling towards an action to reduce tension and restore balance; usually physiologically based, like hunger and thirst.*

Instinct *= a natural or inherent impulse or behaviour in response to specific external stimuli; like a dog shaking after it gets wet.*

Reflex *= involuntary or automatic response of the body in reaction to something without any conscious effort; like the knee-jerk reflex.*

Impulse *= a sudden specific urge for a specific action without deliberation and often with no regard to the consequences; impulsive shopping, impulsive drinking.*

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Core treatment argument

Psychoanalysis is the bringing up of content from the unconscious mind into consciousness thereby it 'resolves' the need for excessive use of defence mechanisms, strengthening and consolidating the ego/self and alleviating symptoms.

Methods: free associations, interpretation of dreams.

Examples:

Psychoanalysis = intensive, years, a few times a week.

Aim: to uncover unconscious content, to expose and understand the origin of emotional conflicts and patterns of behaviour

1. Free associations
2. Dreams
3. Slips of the tongue
4. Hypnosis

The case of Anna O (Bertha Pappenheim): Breuer and Freud.

She was diagnosed with hysteria, including paralysis of her right side, and aphasia (language, comprehension), amnesia.

'Chimney sweeping' and the connection with substitution of symptoms: the development of a 'new' symptom to replace the one that was cleared by therapy, or worsening of an existing other symptom, because the underlying unconscious content was not addressed (the underlying cause in this case was the grief over her father illness and subsequently death).

Criticism: Anna O suffered from neurological conditions and side-effects from drugs dependency.

The case of Little Hans – with a phobia from horses.

Hans reached a phallic stage with evidence of Oedipus Complex, the fear of horses was a displacement to protect him from the real fear of his father (castration anxiety).

A theory of contradictions in its tenets, they are the foundation of the theory, not a random potential by-product; unfalsifiable.

Dialectical, like Marxism.

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Debates and issues

Nature versus nurture:
Nature and nurture

Determinist versus free will:
Determinist

Reductionist versus holism:
Less reductionist but not in a humanist sense

Individual differences (unit of analysis = the individual):

Situational differences:

Cultural differences and cultural bias:

Gender differences and gender bias:

Scientific approach?
Not scientific; Idiographic mostly, and nomothetic

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6) Humanist theory

Considers the individual as a unique human being, and focuses on a positive search for meaning, self-actualisation, and self-esteem; takes into account various explaining concepts Xs.

Core theoretical argument

Holistic approach: a positive focus on the individual as a 'whole' – human beings have free will.

Subjective thoughts and feelings (**self-concept**) shape human life, especially behaviours.

Maslow – **hierarchy of needs**; **Rogers** – **self actualisation**

Various factors provide the context for each individual's life at any given moment.

Assumptions of the approach

Assumption 1: Humans have free will and they are capable of making their own decisions ungoverned by biological or environmental determinist forces.

Assumption 2: A person-centred approach: examines the individual as a 'whole', striving for personal growth and fulfilment as a basic human need.

Strengths:

1 – Holistic, taking into account an array of factors influencing the individual, in specific ways. Gestalt, the whole is greater than the sum of its parts.

2 – The triumph of the human spirit over adversity and trauma. Positive and optimistic approach.

Weaknesses:

1 – Unscientific, a subjective approach about the subjective experience.

2 – Cultural differences: more relevant to affluent western individualistic societies.

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Examples:

Focus on the individual as a whole, positive orientation, hopeful, motivational, sense of purpose.

Maslow – **the need theory** – some needs are shared, but others can be based on individual differences.

1. Physiological needs = survival.
2. Safety = physical, psychological, economical.
3. Love and belonging = affection.
4. Self-esteem.
5. **Self-actualisation** = self-awareness, fulfilment of potential, ability to deal with uncertainty, creativity.

Viktor **Frankl** – founder of **logotherapy** – freedom of will and search for meaning and purpose, **'Man's search for meaning'** (1959):

'He, who has a why to live for, can bear with almost any how' (Nietzsche)

Existential psychology.

Carl Rogers:

- Self-actualisation, motivation to fulfil potential, inherently good.
- Unlike Maslow – the path is less strict or linear, more dynamic.
- Progression depends on thoughts about oneself and how the person is treated by others.
- If the path is 'free' – progression and health; if the path is 'blocked' it is leading to psychological problems.
- Needs for affection, dignity, and respect.

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Core abnormality argument

Abnormality is the result of incongruence between self-concept and ideal self. Pathways for self-actualisation are free or blocked? (Rogers)

Examples:

Two parts of the Self:

1 – **self-concept** (how the individual sees oneself).

2 – **ideal self** (how the individual would like to be).

Self-concept develops based on:

1 – unconditional positive regard by others, love and acceptance; versus

2 – conditions of self-worth

If unconditional – experience of **congruence;**

If conditional, experience of **incongruence** that can lead to psychological problems, especially because it is an obstacle to self-actualisation.

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Core treatment argument

Holistic, awareness of the individual's behaviours, emotions, and cognitions, talk therapy, free will and responsibility.

Combination of factors, finding meaning and purpose, self-actualisation, logotherapy.

Removing incongruency – Rogers.

- The issue of cultural differences.

Examples:

Logotherapy = helping people to find meaning in life and in suffering and shaping a sense of purpose, through actions, engagement with others, and finding meaning in suffering.

Rogers = focus on self-actualisation and motivation to fulfil potential, unlike Maslow the route is less rigid and progression depends on thoughts about oneself and how we are treated by others.

The self has two parts – self concept and ideal self, and there can be congruence or incongruence between them.

Roger's counselling psychology:

Humanist: genuine, emphatic, unconditional positive regard.

Aimed to **increase congruence** by increasing feelings of self-worth.

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Debates and issues

Nature versus nurture:
Nature and nurture

Determinist versus free will:
Free will

Reductionist versus holism:
Holistic

Individual differences (unit of analysis = the individual):

Situational differences:

Cultural differences and cultural bias:

Gender differences and gender bias:

Scientific approach?
Not scientific; Idiographic

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7) The social approach

Assumptions of the approach

The social approach examines the interaction of the individual with other human beings. Although in psychology the unit of analysis is the individual, social psychology examines the interaction of this individual with others, and how they affect the individual.

Social psychology is interested in how the individual human being 'works and influenced' by various interactions with the social world.

Although the approach focus is on human beings, the study by Yamamoto et al. provides interesting insight into the social world of animals.

Assumption 1: The individual can be understood only in relation to other people, because the individual lives in a social world – continuously being engaged with other individuals. Therefore, behaviours, emotions, and mental processes of the individual can be influenced by other individuals.

Assumption 2: Behaviours, emotions, and mental processes of the individual can be influenced by groups and social contexts. How individual behaviour can be modified by social contexts (situations) that both frame and direct the individual's actions and experiences. We are more susceptible to social influence (conformity, obedience, imitation of role-models) than we would like to admit.

Strengths:

1 – The approach can help us understand the individual better by examining interaction with others and how they shape our actions, perceptions and experiences.

2 – We can understand how we are likely to behave in different social contexts, and the role that situational factors play in shaping our behaviours, emotions, and cognitions.

3 – The approach is more 'holistic' and less reductionist because it takes into account the interaction of the individual with other individuals and groups, in various social situations. Thus, there is a wider examination of explanations involved.

Weaknesses:

1 – The social world is in constant change and that can affect the knowledge we gain in social psychology about the interaction of the individual with others. This is particularly true in our current global and fast-changing world, especially in the nature of influence of social media.

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2 – Social behaviour is necessarily tightly linked with cultural elements. Therefore, cultural differences (including potential biases, stereotypes, and prejudice) are particularly important in the development of theoretical ideas, and how they are being tested, taking into account these cultural dimensions.

3 – The social approach is inherently implanted inside the debate about individual versus situational factors, and in the nature-nurture debate. That makes it particularly difficult to examine the relative contribution of individual and situational factors, and nature versus nurture influences, on any dimension that we wish to understand and test.

Examples:

- **Social learning theory**.
- Milgram (1963) **Obedience.**
- Zimbardo (1973) **The Stanford Prison Experiment,** conformity to social roles.
- Piliavin et al. (1969) **Bystander behaviour** - subway Samaritans.

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Juggling concepts at all levels of the matrix: nuances and implications:

Apply different Xs to different dimensions of Ys, and implications in evaluation:

- Vertical and horizontal juggling.
- Expanding the matrix and the formulation of models.

Practice and Examples:

- **The diathesis model** in studying stress: genetic vulnerability and a trigger (like trauma, life experiences/events).
- **The interactionist approach:** nature and nurture are not mutually exclusive influences, and it is not a zero-sum-game impact. The relative contribution and interplay between innate and environmental factors are more important: like parenting (sensitivity hypothesis and temperament).
- **Mediating and intervening variables**
- **Extraneous variables**

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