

Divisions of Psychology

Psychology

- the science of the study of the mind (mental processes) and behavior, partly a science, requires objectivity, must be able to define variables, observe or measure (quantify) variables

Psyche

- the totality of the human mind, consciousness, and unconsciousness

Mental processes

- difficult to define, they can't be observed but they can be inferred
- behavior is studied to infer mental processes

Behavior

- driven by motivation
- can be defined, observed, and measured, but its cause is not known as well

Experiments

- there must be a manipulated/changing variable
- may cause another variable to change

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Major Divisions of Psychology

- Experimental Psychology
 - began in mid to late 1800s in Leipzig, Germany by Wilhelm Wundt
 - aim is to describe consciousness
 - structuralism
 - developed by Edward Titchener in US
 - Basic structures of the mind, analogous to the basic elements in chemistry
 - used introspection: self reflection
 - this proved very unreliable and highly subjective
 - Functionalism (pragmatism)
 - developed by William James in US
 - doesn't matter whether the mind is physical or not
 - studied the actual functions of the mind
 - wrote the first textbook
- Clinical Psychology
 - Freud is considered the founder of psychotherapy, though he was not a psychologist, he was a neurologist
 - began in the late 1940s, largely due to war
 - applies knowledge of fundamental experimental psychology
 - social, developmental, educational, and industrial psychology

Schools of Psychology

- cognitive
 - major branch of experimental psychology in the late 1800s, William James
 - studies higher mental functions: consciousness, memory, emotion, motivation etc
 - attempts to infer hypothetical mental states of information processing
 - semantic decision task: defining things as they are remembered/thought of
 - fell into disrepute because it was thought to be unscientific by behaviorists, revived in 1950s
 - cognitive neuroscience
 - use biological methods to study cognitive activity
 - use computers to mimic cognitive processing: cognitive modelling
- biological
 - also called cognitive neuroscience
 - attempt to measure actual mental events by monitoring brain activity
 - manipulate psychological state and observe the effect of this manipulation on brain activity and structure
 - manipulation done with stimulate (electricity), lesion/removal of part, drugs
- behavioral
 - started in the 1920s
 - because psychology is objective, we must be able to directly observe events
 - that is done through behaviour
 - asks the question, Why do we behave the way we do?
 - All behaviour can be explained by consequences of behaviour
 - behaviours are repeated through reinforcement
 - we do not repeat behaviour that has not been reinforced
 - environmental explanation of behaviour, not inner mind
 - all behaviour is learned
 - near its beginning no need to think about genetic influence or inner mind
 - Determinism: all behaviour is determined by consequential events, no control of actions
 - inappropriate behaviour come from poor learning and must be corrected
- social
 - emphasis on social behaviour
 - study on social environment and its effects
 - contains socio-biology
 - most of human behaviour can be explained through genetic principles
 - orbits around the survival of the species/survival of and individuals genes
 - ethology: study of animal behaviour
- psychoanalytical
 - Freudian psychology (late 1800s – early 1900s)
 - describes the role of the unconscious in influencing behaviour
 - much of behaviour and emotions are repressed, and they unconsciously influence personality and behaviour
 - also deterministic, just by the unconscious drives

- psychoanalysts: don't require an MD
 - can not prescribe drugs
- psychiatrists: need an MD, employ a medical model
 - diagnoses illnesses, treats with psychotherapy and drug therapy
- clinical psychologists
 - must have a PhD in research (in Canada)
 - trained in both research and clinical psychology
 - can not prescribe drugs
 - emphasis on abnormal behaviour, not necessarily illness
- Experimental psychologists
 - trained only as a researcher, with a PhD
 - can't provide psychotherapy or counseling
- phenomenological
 - Humanistic theory: emphasis on unique human quality of behaviour
 - everybody is different due to differences in experiences
 - considered unscientific because it focuses on subjective experiences
 - concerned with developing theories of inner life rather than explaining behaviour

Scientific Method

Epistemology: methods of obtaining knowledge

- research issues
 - stability vs change
 - rationality vs irrationality
 - nature vs nurture
- Divine insight
- pure logic and thought (Aristotle)
- Scientific Method/Manipulation
 - Idealism
 - all that exists is not material
 - we have an immaterial form
 - Materialism
 - all that exists is material
 - Scientific method consists of
 - variables
 - what changes and why?
 - theory
 - opinion or speculation
- statistic abnormality
 - not psychologically abnormal, just on the outer edges of the normal curve

- central tendency
 - there are usually individual differences in the dependent measure, some score high or low
- 3 measures of central tendency
 - Mean
 - average
 - can be distorted by very high or very low values
 - Median
 - half above, half below (middle number)
 - much less distorted by very high or low values
 - Mode
 - occurs most often (tip of the curve)
 - not necessarily the middle
- Correlation studies
 - a change in one variable is also associated with a change in another
 - does not necessarily mean that a change in one variable causes the change in the other
 - they might both be affected by the same thing, causing a change at the same time
 - must be proved through experimentation
 - the correlation allows one to predict the value of one variable if the value of another variable are known
 - correlations vary from -1.0 to +1.0 (a perfect 1/-1 would make a straight line graph)
 - the larger the correlation, the stronger the association/ability to predict
 - 0 is no relationship
 - correlation does not prove causality
- Sources of Variance
 - Explained variance
 - caused by a known change/manipulation of a variable between subjects
 - Unexplained variance
 - individual differences that we don't know of affecting the study
- Logical positivism
 - all theories are false until proven true
- Experimental manipulation
 - manipulate the independent variable
 - this can cause the dependent variable to change
- Social Modeling theory
 - exposure to something causes it to be expressed more by individuals
 - violent media causes violence
- Catharsis theory (Freudian)

- exposure to something releases the need to express it
 - violent media decreases violence
- Statistical Significance
 - divide explained variance by unexplained variance
 - if the ratio is large enough, the difference is of statistical significance
 - the higher the ratio, the more likely the difference is significant
 - level of significance is the chance that something occurs/doesn't occur
 - somewhat arbitrary, depends on the situation
 - if unexplained variance is 0, any explained variance is significant
 - if a very large sample is used, very small differences might be statistically significant
- Null hypothesis
 - there is no correlation between the independent variable and the dependent variable
- Research Designs
 - Case Studies
 - one exceptional individual (or a few) are studied in detail
 - problems arise when generalizations are made from case studies
 - the individual could just be an exception
 - Group Studies
 - sample a small number of individuals from a population
 - need to make sure the sample is randomized and that it is representative of the population in study
- Experiments
 - must be carried out in controlled setting (lab)
 - not necessarily typical in the real world
 - Quasi-Experiments
 - if an experiment can not be carried out, compare instead of study
 - men vs women, young vs old, control vs patient
 - aggression: compare men and women instead of giving women testosterone
 - Pre-Post Experimentation
 - use the same group of participants in repeated experiments
 - one group acts as the control and the subjects
 - eliminates the problem of the differences in groups
 - problem: differences can carry over through the various experiments
 - Placebo
 - double blind: nobody knows if its a placebo
 - no medical treatment that is approved by the ministry of health has not had a placebo test

Neuroscience

- Effects of Drugs
 - stimulate or block receptor on post-synaptic membrane
 - stop transmission, or mimics neurotransmitter (hallucination)
 - may attack enzymes that break down neurotransmitter
 - block re-uptake of neurotransmitter
 - Neurotransmitters
 - acetylcholine
 - excitatory effect on skeletal muscles
 - muscle paralysis: blocking receptors, blocking release
 - muscle convulsions: stimulate release
 - Ach depleted in Alzheimer's
 - norepinephrine
 - plays a role in alertness and mood
 - increases alertness, heart rate (fight or flight)
 - GABA
 - major inhibitory neurotransmitter in the brain
 - sleep and anti-anxiety medications often stimulate GABA receptors
 - dopamine
 - inhibitory
 - movement, attention, and learning
 - insufficient quantity, Parkinson's disease
 - too much dopamine, psychosis (schizophrenia, can't focus attention on what's relevant or irrelevant)
 - serotonin
 - plays a role in sleep (possibly dreaming, considered a hallucination)
 - also thought to control eating, mood, pain regulation
 - hallucinatory drugs are similar in structure to serotonin (LSD, mushrooms)
 - ecstasy stimulates release of serotonin
 - endorphins
 - natural opiates of the brain
 - structure similar to opiates (heroin, morphine)
 - inhibits sensation of pain, increases mood and pleasure
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- Orientation

- anterior – posterior
- medial – lateral
- ventral – dorsal
- superior – inferior

- horizontal: up - down
- coronal: front - back
- sagittal: left – right

- Imaging Techniques
 - Anatomical techniques
 - slicing the brain
 - viewing macrostructures with the naked eye, or microstructures with a microscope
 - appropriate for cadavers

 - MRI
 - provides high resolution images
 - problem: static images, does not show function
 - - cannot see single cells
 - expensive

 - Observing the active brain
 - must observe functions lost due to injury of the brain
 - problem: injuries are often widespread, not highly specific

 - can be determined by damaging a specific part of an animal brain
 - done with a heated electrode
 - could also be done with an electrical signal
 - problem: don't know what the animal is experiencing
 - also differences between species

 - Human Stimulation
 - trans-magnetic stimulation
 - a device that sends a somewhat specific signal to the brain
 - done outside the body
 - deep brain stimulation
 - implant electrodes in the brain

- Functional Techniques
 - positron emission tomography (PET), measures radio-activity
 - detects injected radio-transmitters (attached to a molecule, such as glucose)
 - provides image of the function of various structures, shows which areas are active
 - can be specified to be used in neurons that use a specific neurotransmitter
 - disadvantages
 - invasive, requires injection into the blood
 - very slow, needs to wait for blood circulation
 - expensive
 - Functional MRI (fMRI)
 - takes an MRI as well as a map of oxygen, which is required for function
 - high resolution image
 - disadvantages
 - slower than the brain (takes 0.2-0.5 seconds)
 - expensive
 - EEG
 - measures the electrical activity of the brain
 - electrodes attached to the scalp
 - shows rapid changes, up to 30 times per second
 - inexpensive
 - disadvantage
 - doesn't show exactly which area of the brain is stimulated
 - no picture
- Peripheral Nervous System
 - sensory receptors
 - specific, highly specialized to a certain type of stimulus
 - sensory nerves
 - afferent input from the sensory receptors to the CNS
 - motor nerves
 - efferent output from the CNS to the muscles, motor action
 - Autonomic nervous system
 - sympathetic system: readies the body for fight or flight
 - parasympathetic system: returns the body to normal functioning
- Central Nervous System

- gray matter
 - small neurons, no myelin sheath
 - form memory and learning, complex decisions
 - white matter
 - transmission to and from brain
- Monosynaptic reflex
 - stimulus
 - activation of affrent neuron
 - information processed by an interneuron
 - activation of effrent neuron
 - reaction
- nuclei: collection of neurons that serve the same function in CNS
- ganglia: collection of neurons in PNS
- Divisions of The Brain
 - Hindbrain: medulla, pons
 - Midbrain: thalamus, hypothalamus, pituitary gland, pineal gland
 - Forebrain
 - Brainstem
 - hindbrain and midbrain
 - medulla, pons, midbrain
 - specialized senses of the head (sight, hearing) project here
 - head muscles
 - life support systems, temperature, heart, respiration
 - sleep/wake system
 - reticular activating system (if one fires, all fires/our entire bodies are awake)
 - Cerebellum
 - connected through pons
 - balance, control
 - Diencephalon
 - Thalamus
 - very large, gray matter area
 - receives input from all sensory systems, except olfaction
 - most important in nature, has its own area
 - has specific nuclei for each sense it contains
 - files information to conscious and unconscious
 - prevents distraction
 - has a memory of what is important or not
 - Hypothalamus

- also largely gray matter
 - many subdivisions
 - basic life support functions
 - measures levels of nutrients/dissolved particles in the blood supply
 - hunger, thirst
 - basic drives: sexual, behavioral
 - temperature regulation
 - controls the Endocrine System via the Pituitary Gland (monitors hormone levels)
 - not really part of the brain because it releases hormones instead of neurotransmitter
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- Cerebrum (neocortex)
 - 6 layers of gray matter
 - complex interconnections
 - gyrus: peak, sulcus: valley
 - purpose is to increase surface area
 - frontal lobe, parietal lobe, occipital lobe, temporal lobe
 - longitudinal fissure: split between the hemispheres
 - lateral fissure: between frontal and temporal lobes
 - Primary Sensory Cortices (detects basic features of stimulus input, location/duration)
 - primary visual area
 - back of the occipital lobe
 - primary auditory area (gyrus of Heschl)
 - edge of lateral fissure (temporal)
 - primary somatosensory area (temperature and feeling) and primary motor area
 - top of parietal lobe
 - Speech Areas
 - Broca's area
 - motor aspects of communication
 - left frontal lobe
 - Wernicke's area
 - repetitive sensory aspects
 - auditory and sight (reading)
 - hemisphere can depend on when the memory was made/language learned
 - Non-dominant hemisphere (angular gyrus)
 - tonality, expression of emotion in speech (one side)
 - recognizing emotion in others speech (other side)
 - Association Areas

- no direct contact to the outside world, not sensory or motor
- they receive information after it is processed by the sensory and motor cortices

- Frontal lobe
 - motor functions
 - primary motor cortex in the pre-central gyrus
 - Broca's area and speech
 - performs higher mental functions
 - selective attention, concentration, will, consciousness, self-consciousness

- Temporal Lobe
 - Gyrus of Heschl, primary auditory cortex
 - Wernicke's area, receptive speech
 - short term memory, hippocampus/amygdala
 - if a stored short term memory is found to be important, it is transferred to long term

- Parietal Lobe
 - permanent/long-term memory
 - maintaining attention, switching it to the more important thing

- Hemisphere Differences
 - Dominant Hemisphere (left for most right handed people)
 - language, mathematical operations, logic
 - general, this is overly simplistic
 - Nondominant Hemisphere
 - spatial construction, face recognition, emotional expression
 - Corpus Callosum
 - the major commissure in the brain
 - connects the halves

- Limbic System
 - limbic means circle or loop
 - this loop includes hippocampus, amygdala, hypothalamus
 - plays a role in the maintenance and expression of emotions
 - 4f's: feeding, fighting, fleeing, fucking

- Autonomic Nervous System
 - cortex has limited to no control
 - controlled by hypothalamus
 - sympathetic: increases energy available to the body, done while under stress
 - parasympathetic: conserves energy

Sensation and Perception

- Sensation
 - ability to perceive external energy, transform it to action potentials
 - Sensation is more or less objective, we all have the same/similar receptors
 - perception is subjective
- Transduction
 - receptor translate (transduces) energy to action potential
- Perception
 - must involve memory
 - presumably takes place at a higher level than sensation
 - may or may not involve conscious thought
- Perceived Features
 - frequency
 - intensity
 - location
 - duration
- Threshold
 - minimum amount of energy required to stimulate the receptor to send a signal
 - subliminal: below the threshold
- Absolute Threshold (limen)
 - minimum amount of energy required to detect the stimulus on 50% of trials
 - Signal Detection Theory
 - absolute threshold can vary for reasons that have nothing to do with sensitivity
 - false positive/miss if they are “liberal” or “conservative”
 - when guessing, more likely to say yes or no
 - d' : proportion hits/proportion false positive
 - measures sensitivity
- Hit
 - correct detection
- Difference Threshold (just noticeable difference)
 - detection of minimum change in energy
 - Weber's Law
 - $\Delta I/I = k$
 - +

- Sensory Coding
 - coding of sensory modality
 - how do we determine different qualities from the same modality (stimulus)
 - frequency modulation

- Audition
 - physics of sound
 - frequency (Hz)
 - wavelength
 - intensity (dB)
 - amplitude
 - logarithmic, *10 each increase of 10 (10^{dB} pressure)
 - 0 dB, softest sound that can be heard by a human ear
 - location
 - duration

 - Auditory Threshold
 - humans: 500-5000 Hz are the most audible
 - must increase intensity to hear other sounds better

 - The Ear
 - outer ear
 - pinnae
 - outside the head, captures the sound
 - auditory canal
 - amplifies the sound
 - middle ear
 - ear drum
 - vibrates at the frequency of the sound
 - hammer, anvil, stirrup
 - bones
 - vibration of the ear drum causes them to vibrate
 - can break, causing permanent damage
 - sharp pain is middle ear muscles trying to protect them
 - inner ear
 - cochlea
 - filled with water, stirrup hits it causing a wave
 - wave stimulates hair cells, sends signal

- Theory of Pitch and Intensity
 - frequency theory
 - different number of action potentials depending on frequency of stimulus
 - intensity is determined by the number of different neurons
 - can't explain above 1000Hz, neurons cant fire that fast
 - place theory
 - different areas of the cochlea create different pitches
 - beginning codes for high frequencies, the end low frequencies
 - intensity coded by frequency of firing
 - difficult to only stimulate one region
 - damage to basilar membrane will result in loss of predictable frequencies
 - aging causes damage to the hair cells
 - low frequency loss is very rare

- Adaptation
 - if a stimulus intensity remains constant, our sensory receptors adapt to it
 - causes after images

- The Eye
 - Cornea: protective layer on the outside
 - Lens: attached to muscles, allowing for you to focus the image
 - Iris: blocks light
 - Pupil: where the light comes through

 - Retina
 - fovea: area of the best sensory capabilities
 - blind spot: optic nerve
 - cones
 - packed in the center of the retina, near the fovea
 - three colours of cones, RGB
 - have graded potentials depending on intensity
 - high levels required to trigger an action potential
 - rods
 - found in the periphery
 - many more than cones, but each signal is weaker
 - they are spaced relatively far apart compared to cones
 - used to detect movement in the periphery
 - also detect dim light (night vision)
 - not sensitive to colour
 - several rods project to a single bipolar cell

- Colour Theory
 - Young-Helmholtz 3 colour theory
 - three types of cones
 - all colours are made by mixing the three, done in the brain
 - problem: colour blindness
 - always red-green or blue-yellow colour blind, not just one colour
 - Hering 2 colour theory
 - opponent colour theory
 - red and green cones project to a common bipolar cell
 - ganglion cell determines colour based on how often the bipolar cell fires

- Pathway to the cortex
 - retina – optic nerve – optic tract – thalamus – visual cortex (relevant information)
 - information from the left visual field goes to the right side of the brain

 - feature detection
 - single neuron in the primary visual cortex is highly specialized for detection of specific features
 - they recognize horizontal/vertical lines, lines at very specific angles, specific lengths
 - specific regions for specific objects (faces, houses, chairs)

- Pain
 - common to all senses
 - receptors are called nociceptors
 - phasic pain: acute, short duration, carried by a myelinated neuron
 - tonic pain: long duration, non myelinated neuron

 - natural pain killers: endorphins
 -

 - perception: great deal of individual differences
 - highly psychological (easily modulated)
 - changed by drugs, inattention, willpower (strong placebo effects)

 - Gate Control Theory of Pain
 - bottom up processing
 - pain never reaches the brain
 - top down processing
 - consciously use will to ignore pain
 - learning from previous experiences

- Perception
 - entirely high level processing
 - Visual Capture
 - vision dominates other senses, we pay more attention to it
 - if vision says something and another sense says different, we ignore the other one
 - perceptual organization
 - gestalt psychology
 - given a cluster of sensations, the perceiver organizes them into a whole or a gestalt
 - to bring order to sensations, we group them
 - figure-ground
 - in order to perceive, we need to perceive a figure as being distinct from its surroundings, the ground
 - requires edge detection (Hubel and Weisel)
 - depth perception
 - binocular cues
 - multiple eyes sense different things, which are incorporated and signal depth
 - retinal disparity
 - stereograms
 - contain two views of the same image
 - if we can force the eyes to see independently, we will see vivid depth
 - the brain must do the integration of the images
 - monocular cues
 - relative size: we know nearer objects are larger
 - relative height: far objects are higher in the visual field
 - linear perspective: parallel lines converge at a distance
 - texture gradient: near objects are more clear, have distinct texture
 - interposition: near objects will block far objects
 - relative brightness: near objects reflect more light than far objects
 - motion perception
 - as light sequentially stimulates one retinal cell after another, our cortex may experience this as movement
 - higher levels of the brain need to determine whether something is moving, or you are moving
 - stroboscopic motion
 - still pictures varied slightly in position, repeatedly flashed
 - frames
 - apparent movement
 - error in distinguishing between object moving and eyes moving

- Perceptual Constancies
 - allows us to perceive an object as unchanging even though the stimuli that fall onto our receptors have changed
 - shape constancy: at different angles, we still see a door as a door
 - size constancy: see far people as farther away
 - perceptual context
 - colours appear differently depending on the background

Consciousness and Drugs

Consciousness as a State (sleep)

- circadian rhythms (every 24 hours)
 - sleep is a circadian rhythm in human adults
- suprachiasmatic nucleus
 - located above the optic chiasm
 - initiates sleep based on availability of light
- pineal gland
 - releases melatonin, under the control of the suprachiasmatic nucleus
 - released during the night, in the absence of light
 - melatonin decreases motor activity, induces fatigue, lowers body temperature
- effects of constant light/dark
 - without cue for sleep, humans sleep about 1 hour later every day
 - effectively creates a 25 hour day
 - each day, you would fall asleep 1 hour later
 - this would occur in a person who was blind due to ocular damage, and not a person who was blind due to brain damage (occurring after the optic nerve, where the suprachiasmatic nucleus gets its info)
- definition of sleep
 - state of unconsciousness required
 - processing of stimulus input to cortex must be inhibited
 - inhibited by the thalamus
 - measurement of consciousness
 - overt behaviour
 - physiology
 - EEG
 - beta: 15+ Hz, alert
 - alpha: 8-12 Hz, relaxed

- theta: 4-7 Hz, drowsy/light sleep
 - delta: 1-Hz, deep sleep/coma
 - brain's response to stimuli (evoked potentials)
- stages of sleep
 - N1: between awake and entirely asleep, theta > alpha
 - NREM (non rapid eye movement)
 - N2: fully asleep, theta with some delta
 - hypnagogic reverie: slow eye movement
 - spindles: inhibit consciousness, show up on EEGs
 - K-complex: spike in EEG in response to external stimulus
 - meant to detect danger?
 - occupies about half of total sleep
 - N3: slow wave sleep, almost entirely delta activity
 - has spindles and k-complexes too
 - night terrors and sleep walking
 - REM (rapid eye movement)
 - EEG looks like you are wide awake, fast brain waves
 - very difficult to awaken
 - dreaming occurs here
 - Freudian theory, dreams are a manifestation of repressed desires
 - absence of frontal lobe functions
 - why dreams don't seem weird at the time
 - first 4 hours of sleep are largely NREM, with occasional short REM sleep
 - largely N3
 - rest of sleep is largely REM sleep, with occasional short NREM (mostly N2)
- Nightmares
 - strong emotional REM dream
 - occurs more often in younger people
 - occurs much more in those with PTSD
 - may reduce anxiety experienced later/during the day
- Purpose of NREM and REM sleep
 - REM is a luxury, it occurs after NREM
 - many memories are stored during REM sleep
 - REM sleep is dangerous, autonomic nervous system can fail
 - infants have a lot of REM sleep because in the womb, they don't rely on their ANS
- Recapitulation Theory
 - change in one species should be similar to change across species through evolution
 - Reptiles exhibit REM sleep, but they don't have eye movement

- difficult to compare across species
 - they are less conscious while resting
- Sleep for energy conservation
 - smallest animals have the highest metabolic rate
 - they sleep the most
 - predators sleep more, don't need to worry about death
 - prey has little REM, large animals have little NREM
- Mammals
 - need to maintain near constant temperature
 - also need to breath
 - have muscle atonia during REM
 - sea mammals
 - have muscle atonia but must be in motion
 - sleep on land or be half awake
 - dolphins/whales keep one hemisphere awake, can only move half their body
 - take turns
- Manipulate Sleep
 - sleep deprivation
 - humans can tolerate days without sleep, more than 2 weeks even
 - sleep deprivation effects emotion, rational thinking, selective attention (frontal lobe)
 - animals
 - develop sores, matting of fur
 - die after a few weeks
 - appears that the immune system is active in NREM sleep (N3), need it to fight disease
 - after sleep deprivation, you sleep more than normal, but not all of the sleep missed is made up
 - this sleep is more N3 by quantity
- NREM
 - recovery from day's activities
 - growth hormone is released during NREM, largely during N3
 - luteinizing hormone is also released during N3
 - waste from metabolism is washed out, especially from the brain, during sleep
- REM
 - memories are solidified with sleep
 - brain areas that were active during the initial learning reactivate during REM (some during NREM)
 - why young children sleep more

Consciousness as a Process

- sensory receptors are constantly bombarded with input
 - we are only conscious of a small portion of this input
 - the brain has a limited capacity to process information
 - basic features (location, intensity, duration, pitch/colour) are extracted before consciousness
 - only relevant information is made conscious (psychological/personal relevance and biological relevance)

Active Attention (selective)

- psychological/personal relevance
- active attention requires considerable effort and focusing in order to choose to become aware of it
 - contains a measure of free will because the individual must choose
 - deciding is actually a very complex task
- modulated by a central executive (probably frontal lobe), it decides what is relevant (Capacity Theory)
- memories are only formed (short term stored in hippocampus) on relevant things
 - storage and maintenance of memory also requires effort
- features of the incoming sensory messages are compared with existing messages in memory to determine if they are relevant
- because effort must be maintained, disturbance will interrupt making a memory (distraction)
 - also because it takes effort, cortical fatigue will occur (mental tiredness)
- failure of selective attention results in information overload

Passive Attention

- biological relevance
- passive attention requires little to no effort, certain stimuli will force the observer to switch attention because it is deemed more relevant
 - automatically switches
- not necessarily more relevant, just has the potential to be (don't know until you pay attention to it)
- intrudes into consciousness (a distraction)
- argued whether it is only biologically relevant input (loud sound), or whether it can be subjective (your name being called)

Controlled Processing

- requires effort, uses processing resources
- processing of one task affects the performance of another
 - resources devoted to one task, not available for another
- serial processing: processing of a secondary task cannot begin until the first is completed

Automatic Processing

- no effort because no resources need to be used, several tasks can be carried out simultaneously (parallel processing)
- tasks that initially required effort can become, with practice, effortless/automatic

Multitasking

- more than one task can be carried out in parallel at no detriment to any of the other tasks
 - if sufficient resources/brain power are available
- also called divided attention
- if resources are not available, individual must decide which tasks to process (serial processing)
- listening to music and working is not always multitasking, usually attention switches between the two

Hallucinogens

- Cannabis (marijuana, hash)
 - makes up the majority of illicit drug use
 - research shows that there are cannabinoid receptors in the brain
 - cannabidiol (CBD) and tetrahydrocannabinol (THC)
 - only THC is psychoactive
 - two or three different sub species, have different effects due to levels of THC vs CBD
 - causes relaxation, mild euphoria, disinhibition
 - is a mild hallucinogen
 - has long lasting effects, opposite of tolerance
 - no evidence that it is physically addictive, but it is shown to be psychologically addictive (reinforcer)
 - increases performance and cognitive tasks
 - may have long term effects on learning and memory
- LSD (lysergic acid diethylamide)
 - potency of LSD has decreased dramatically from 1960 to today
 - minutes dosage has very large and long lasting effect
 - no way to counter it
 - unpredictable
- Psilocin
 - magic mushrooms
- many are similar in chemical structure to serotonin (dreams/sleep halucinations)
- little evidence of addiction
- psychological experience varies widely among individuals
- hallucinations can be large or small
 - can cause synaesthesia (hearing colours)
 - vivid colours

Depressants

- alcohol
 - most commonly used drug
 - always depresses neural activity (may depress a center that controls social inhibition)
 - depresses frontal lobe control (and perhaps limbic system), logic, consequences
 - effect on transfer of short term to permanent memory, may inhibit REM sleep
- barbiturates (tranquilizers)
 - prescribed to induce relaxation and sleep
 - impairs memory and judgment in large doses
 - can kill in large doses or in combination with alcohol
- opiates
 - chemicals such as morphine and heroin, made from the opium poppy
 - similar chemical structure to endorphins (natural pain killers of the brain)
 - depresses sympathetic nervous system
 - reduces pain and depression, but can be addictive
 - causes the brain to produce less endorphins, increasing tolerance and lowers quality of life when not using
 - has the most painful withdrawal (still not as bad as implied by media)

Stimulants

- excite sympathetic nervous system, cause cortical arousal
- help stay awake, lose weight, boost mood, athletic performance
- cause a crash (agitation/depression) after a rush
 - especially seen in cocaine and MDMA because of depletion of neurotransmitters
- cocaine/crack
 - snorted, injected, or smoked
 - increases focus, mental alertness, eliminates fatigue and decreases appetite
 - taken in large amounts prolonged use can cause depression, anxiety, irritability, sleep problems, paranoia, convulsions, death
 - associated with high energy jobs because it boosts energy and productivity (also may only be affordable to these people (bankers, lawyers))
- MDMA (ecstasy)
 - a derivative of amphetamine, used largely at clubs/raves
 - does not cause overt hallucinations, but may cause distortion of time perception
 - causes the release of serotonin and blocks its reabsorption
 - serotonin regulates mood, aggression, sexual activity, pain, sleep
 - depletion of serotonin causes depression
 - high dosages cause overstimulation of sympathetic nervous system, dehydration, overheating, death
 - may affect sleep cycle and immune system
 - exposure linked to long term damage to neurons involved in mood, thinking, and judgment
 - serotonin nerve terminals are also damaged

Drug Tolerance

- from repeated use, larger doses are required to produce the same effect
- physical dependence/addiction
 - physical pain, craving for the drug
- psychological dependence/addiction
 - drug acts as a positive or negative reinforcer and thus is repeatedly used
 - pleasure or relief from negative emotions respectively
- tolerance is not even throughout the body
 - pleasure center of brain may need more of the drug for the same effect, but another part, such as cardiovascular control will not be able to tolerate an increased dose
- some drugs (usually hallucinogens) can have negative tolerance, less is required each time
 - could be because the drugs linger in the body for a very long time

Addiction

- some psychoactive drugs do not cause addiction (LSD)
- even in highly addictive drugs (cocaine, heroin), only 10% will show addiction
 - medical drug use results in a lower rate of addiction
- no causation in gateway drugs, only correlation
- recovery rate in medical treatment for addiction vs none are similar
- addictions do not occur in pleasant, non drug related activities, these are compulsions

Drugs and Crime

- many cultural, ethnic, religious, and racial differences
- punish severely = lower usage
 - hasn't worked so far
 - Cannabis usage is lower in the Netherlands than in the US
- in Portugal, all drugs were decriminalized in 2001
 - lowered usage of heroin and marijuana, deaths from heroin, crime rate

Health and Drugs

- problems defining health related problems
- difficult to monitor problems with illegal drugs, because they aren't willing to contact authorities
- rating of drug harm
 - governments and WHO classify drugs based on how much harm they cause
 - degree of risk determines criminal penalties
 - physical harm: acute, chronic, risk from injecting
 - dependence related: intensity of pleasure, psychological dependence
 - social: intoxication, cost of treatment

Learning and Conditioning

- Habituation
 - the response to a repeated constant stimulus becomes smaller and eventually ceases
 - this can be a result of adaptation (receptor ignores, chemical supplies exhausted) or habituation (brain ignores)
 - occurs when two pieces of information match
 - habituation involves forming new memories, we learn not to respond
 - formation of memory involves a change in the nervous system
- Classical Conditioning
 - Ivan Pavlov (early 1920s)
 - salivary reflex in dogs
 - association is formed between two previously unrelated stimuli
 - acquisition (learning curve)
 - with increased trials, learning decreases slowly
 - generalization
 - respond to generalized condition from specific situation
 - similar stimuli will elicit condition stimulus
 - extinction
 - present bell but no food, kills the CR (contingent reinforcement)
 - CR is the idea that both appropriate and inappropriate responses have consequences
 - spontaneous recovery
 - a time after extinction, spontaneous recovery of the response
 - Thorndike's Law of Effect
 - responses that produce a satisfying effect become more likely to occur again
 - cause and effect
 - Watson and Skinner
 - Watson
 - laid out the basic tenets of the science of behaviour
 - psychology should study what is directly observable
 - Skinner
 - stimulation gives a response, which gives a consequence of response
 - association is formed between stimulus and response
 - operant conditioning
 - behaviour is controlled by its consequences
 - rate of response increases following learning

- Skinner box: a highly controlled environment, all aspects of behaviour are controlled
 - in a box
 - reinforcer
 - anything that increases the rate of response
 - positive reinforcement
 - appropriate actions are given positive things
 - negative reinforcement
 - appropriate actions make negative things stop
 - primary reinforcer
 - gives us base needs (food, water, sex)
 - secondary reinforcer
 - schedules of reinforcement
 - fixed schedule
 - reinforcement occurs at predictable times
 - variable schedule
 - occurs at unpredictable times
 - much more strong, increases the number of responses
 - ratio schedule
 - occurs after a certain number of appropriate responses
 - increases number of responses
 - interval schedule
 - occurs after a certain amount of time
- extinction
 - response, whether appropriate or inappropriate, occurs because it has been reinforced
 - to remove a response, the reinforce must be removed
- punishment
 - inappropriate response is followed by punishment
 - in theory should result in extinction, but it doesn't always
 - positive punishment
 - a negative stimulus is added
 - negative punishment
 - a valued stimulus is removed
 - problems
 - consequences are not predictable, punishment may be seen as reinforcer (yelling at/being payed attention to)
 - individual may avoid situation
 - individual may stop responding altogether
 - a different, non-punishment stimulus may be added (give someone something when they ask nicely)

- Avoidance
 - animal learns to avoid an aversive situation
 - dentist = pain, leaving dentist = no more pain
 - learn to avoid the pain
 - difficult to remove, because the individual must meet the thing that they are trying to avoid

- according to skinner, all learning requires the appropriate response to be reinforced
 - some learning may have no reinforcer

- modeling
 - learning which takes place by observation and imitation has no reinforcement
 - especially prevalent in children

- latent learning
 - rats explore a maze without any reinforcement
 - rats who have not been reinforced find food in maze at the same speed as those who have
 - must have learned a type of cognitive map (memory), learned without reinforcer

Motivation

Homeostasis

- maintenance of internal balance
- largely regulated by the hypothalamus

Social Biology

- much of behaviour is due to evolutionary principles (survival of the species/my genes)
- much of our behaviour has evolved from other animals
- many animal and human behaviours are inherited, used to be called instincts
 - common to all members of a species
 - term was dropped because this is not necessarily true

Value of Actions

- pleasure is a basic psychological motivator
 - mesolimbic dopamine system
 - this system can be activated by this system (pleasant things, electric shocks)

Maslow's Hierarchy of Needs

- triangle/pyramid of human needs (some are common to animals)
 - base has physiological needs (hunger, thirst, sleep)
 - next is safety and security (last step comes first, will give this up for food)
 - next is belongingness and love (socialization)
 - socializing increases likelihood of survival
 - explains depression, abusive relationships
 - next is self esteem needs

- next is self actualization needs
- last is self transcendence (fulfilled, help out other people)

Sexual Motivation

- can be studied by surveys, but they may not be representative due to the type of people who are okay with answering the questions
- initiation
 - non primates, females determine sexual activity, dependent on the hormone estrogen
 - receptive (in heat) when estrogen levels peaks during ovulation period
 - testosterone levels are more constant, males are always ready (in all species)
 - associated with competition among males
 - castration results in no interest in sexual behaviour
 - primates (also dolphins and whales), males determine activity
 - sex hormones are less important
 - a good deal of activity is not associated with furthering the species, but survival of the species is still assured by constant sex
 - reinforced by pleasure
- sexual drives
 - men
 - males continue to engage in sexual activity into their 70s
 - middle aged men engage in extra marital affairs more often than females
 - women
 - aged 30-45 more sexually active than those around 20
 - more partners, casual sex (biologically their last chance)
 - sexual drive usually drops significantly around 40 or 50
- sexual orientation
 - non heterosexuals are minorities for obvious reasons
 - most heterosexual males have had homosexual fantasies
 - very difficult to change orientation, neither willpower or psychotherapy are effective
 - psychological causes
 - having opposite sex friends as a child, attracted to those who are different from your childhood friends (maybe)
 - genetics
 - if one identical twin is gay, 50% chance the other will be
 - if one fraternal twin is gay, 20% chance the other will be
 - environment
 - environment of the womb (exposure to androgens looked at)
 - women score higher at some things, and men at other, when tested
 - gay men score towards the women, gay women score towards the men

- brain differences
 - hypothalamus
 - many cadavers studied had AIDS, science wasn't great
 - posterior corpus callosum is larger in homosexual men

Hunger

- Cannon's study
 - put a balloon in a stomach, still felt hungry
 - drive comes from the brain, not from hearing our stomachs growl (peripheral signal)
 - cholecystokinin (CCK) signals food intake, lowers hunger drive
 - pectin YY (PYY) also lower hunger drive
 - ghrelin increases hunger drive
- central signals (hypothalamic)
 - levels of blood glucose and other nutrients measured by hypothalamus
 - lateral hypothalamus
 - controls lower set point, releases orexin, which increases hunger drive
 - stimulation with an electrode causes massive overeating (dont eat till stomach bursts)
 - lesions result in an animal refusing to eat (eat a minimal amount)
 - ventromedial hypothalamus
 - upper set point, lower hunger drive
 - stimulation results in starvation
 - lesions cause overeating
 - peripheral sites can signal emptiness or fullness
 - why stimulation of areas doesn't lead to death
- psychological factors
 - taste
 - some genetic (sweet and salty) while some are conditioned
 - ecology of eating
 - social factors: we eat more with others
 - unit bias: we will eat more when presented with larger portions (also utensils)
- disorders
 - anorexia
 - weight at least 15% less than normal
 - 1% of adult females, occurs much less in men
 - predominantly young, white, high socio-economic status
 - seen more in families which emphasize perfection and achievement
 - almost entirely psychological, not genetic
 - hard to treat, most deny that there is a problem
 - perceived ideal body weight
 - in a study, men found ideal women 5kg heavier than what women said men looked

for

- obesity
 - in the last 40 years, doubled (quadrupled in children)
 - negative attitudes towards obesity
 - less likely to be hired, socially ostracized
 - more likely to be depressed, causes more eating

 - causes
 - largely genetic
 - identical twins have the same weight, even if raised apart
 - social factors
 - women want to lose weight more than men
 - cheaper foods are generally worse for you

 - dieting (most don't work in the long term)
 - eliminate food as a reinforcer
 - changes upper set point
 - change metabolic rate
- bulimia
 - binge eating followed by elimination of food (vomiting or laxatives)
 - incidence not specific, therefore it is thought to be genetic
 - linked to depression, perhaps neurotransmitter deficiency

Memory

Stages of Information Processing

- encoding (acquisition)
 - much is encoded automatically, with no effort (feature extraction)
 - depth of encoding
 - little extracted with just visual, more so with addition of sound, even more so with semantic processing (defining a word)
- storage (retention)
- retrieval

Sensory Memory

- basic features of a stimulus are automatically extracted and encoded
- these are stored in a brief lasting sensory memory
- iconic (visual) and echoic (auditory)
- limited contents

Short Term Memory

- limited contents (7 ± 2)

- chunking: mnemonic to aid memory (remember words, not letters)
- depends on rehearsal to maintain memory
 - rehearsal requires effort (active attention)
 - spacing effect: retention is higher when rehearsal is distributed
- serial position effect
 - primacy effect: remember the first things in a list better
 - recency effect: remember the last things in a list better

Long Term Memory

- permanent and essentially limitless
- consolidation: transfer from short term to long term
 - requires the hippocampus
 - loss of consciousness during this period results in memory not being stored

Memory Storage

- must be a permanent change to the nervous system
 - most likely at the level of the synapse

Types of Permanent Memories

- explicit (declarative)
 - memory for facts and experiences that one can consciously recall
- implicit memory (nondeclarative)
 - memories that exist but cannot be consciously recalled (motor skills)
 - implicit motor memories may be stored in the cerebellum
 - do not require consolidation via the hippocampus
 - priming
 - automatic thoughts from input (hear black, think white)

Amnesia

- loss of explicit memory, implicit is well preserved
- may not know they have some knowledge, but they can demonstrate that they do
 - knowledge without memory

Flashbulb Memory

- very vivid, precise, and long lasting memory, caused by a highly personal and emotional event
- stored on one occasion, retained for a lifetime

Retrieval

- recall
 - the ability to retrieve information from memory (fill in the blank)
- recognition
 - similar to priming, ability to identify items in memory (multiple choice)

Forgetting

- poor encoding: information was never stored

- poor storage: information fades over time
 - drops significantly in the first few years after, then levels out
- poor retrieval: information encoded and stored, but can't be retrieved
 - fading of physical memory trace or competition from newly formed memories
 - proactive interference: early storage interferes with new storage (password)
 - retroactive interference: old memories interfere with new ones

False Memory

- recalling past memories results in constructed memories to fill in missing information
- misinformation effect: receiving new information can alter previously stored information
 - more significant in memory that is fading
- childhood trauma
 - very poor memories of young years
 - may be repressed (goes against flashbulb memories)
 - can't measure levels easily because many cases might be misinformation

Emotions

Recognition of Emotions

- innate ability to recognize emotions
- James-Lange Theory of Emotion
 - perception of stimulus > physiological change > perception of physiological change > emotion
 - we do not feel fear because of a bear, we feel fear because our hearts are beating fast (cause of the bear)
 - problem: many emotions would be the same/similar
 - perhaps very subtle differences between physiological changes
- mimicking an emotion can lead to actually experiencing it
- empathy: observing someone express an emotion causes you to experience the emotion
 - mirror neurons
- Cannon-Bard Theory
 - physiological changes are slow, onset of emotions is rapid
 - emotion and physiological change occur simultaneously
 - to experience emotion, one must be physically aroused and cognitively label the arousal
 - arousal can intensify emotions
 - spillover effect: arousal from one even affects our response to other events
 - more likely to ask someone out after a period of fear, interpreted as sexual arousal

Arousal and Performance

- high arousal decreases performance similarly to low arousal

- easy tasks are best done at higher arousal than more difficult tasks
 - harder tasks need more attention

Expression of Emotions

- simple emotions generally universal
- more complex may change based on society, culture
- facial muscles express each emotion differently
 - anger most visible to us, has significance for survival
- tonality of voice and body movement also express emotions
- different emotions activate different brain regions
 - watching fearful or angry faces activate the amygdala
 - negative emotions may activate the right frontal lobe, positive the left frontal lobe
- Anterior Cingulate Cortex (ACC)
 - inhibition of inappropriate behavior
 - involved in deception
- Nucleus Accumbens
 - rich in dopamine receptors, deals with pleasure
- cultures that stress individuality have longer and more profound expression of emotions (Europe)
- cultures that stress communality, negative or self promoting emotions rarely displayed (Asian)
- facial feedback effect
 - facial expressions amplify our emotions by activating muscles associated with specific states
 - people who are told to smile felt happier than those told to frown, even if they felt the same way before
- behaviour feedback effect
 - same except behaviour

Fear

- adaptive emotion, prepares us for fight or flight
- innate (cliffs, snakes, spiders seen in primates) or learned
- genes can affect temperament (emotional activity)
- amygdala
 - associated with many emotions, particularly fear and anger
 - sensory modalities go to thalamus, then straight to the amygdala before rest of brain
 - so we recognize danger before we know what it is, for speed
 - olfaction skips the thalamus, straight to amygdala

Anger

- best recognized emotion
- catharsis (freud): emotion expression provides emotional release or catharsis

- anger is released by expressing it
- can lead to more anger (Schacter and Singer 2-factor theory)

Happiness

- feeling happiness causes us to do good things
- adaptation level hypothesis
 - we adapt to our present level based on past experience
 - rich people can be just as miserable as poor people, happiness is relative
- relative deprivation
 - we experience our personal level of happiness relative to others
 - feel better when comparing to shittier tier people