

MBB2 Notes - Sample

Contents

Clinical psychology	2
L1.1 Intro to mental health and illness	2
L1.2 Mental illness stigma	7
L2.1 Psychosis and schizophrenia	12
L2.2 Depression and anxiety	19
L3.1 Personality and disorder	27
L3.2 Culture and psychopathology	34
Developmental psychology	35
L4.1 Intro to dev psych + 7 themes	35
L4.2 Cognitive development	39
L5.1 Social development	47
L5.2 Emotional development	52
L6.1 Culture and Development	57
L6.2 Genes and environment	61
Social psychology	66
L7.1 Intro to social psych + Identities	66
L7.2 Social comparison and distance	70
L8.1 Person perception	76
L8.2 Obedience and persuasion	81
L9.1 Cooperation and helping	87
L9.2 Prejudice	92
Personality psychology	97
L10.1 Intro to personality psych + big 5	97
L10.2 Trait psychology	101
L11.1 Biological approaches	108
L11.2 Cognitive approaches	112
L12.1 Personality assessment	117
L12.2 Personality change	122

Final exam details

120 MCQs, 3 hours

25 questions each for clinical psychology, developmental psychology, social psychology, and personality psychology

i.e., around 4 questions drawn from each lecture

20 questions for research methods modules

Will not be asked to do calculations from research methods modules, but should understand how they work to understand concepts

Clinical psychology

L1.1 Intro to mental health and illness

Introduction

- Weekly reading on concept creep
- Whether there is a dichotomy between mental health and illness
- Stressors in daily life when exacerbated or not coped with become mental illness

WHO's definition of mental health

- State of mental wellbeing that is more than the absence of mental illness, exists on a complex continuum
- Experienced differently by different people
- People can cope with the stresses of life, realise their abilities, learn and work well
- Mental illness and psychosocial disabilities can be associated with significant distress, impaired functioning and risk of self harm
- Mentally ill individuals more likely to experience lower wellbeing, but not always

Australian government's definition of mental illness

- Clinically diagnosable disorder that significantly interferes with an individual's thoughts, feelings and behaviours

Wakefield's Harmful Dysfunction Analysis

- Dysfunction criteria: failure of internal neurobiological or mental mechanism to perform its natural and evolved function
 - o Neurobiological and psychological perspectives
- Harm criteria: this dysfunction results in harm judge by societal standards
 - o Social and cultural perspectives

Clinical Disorder Area	Dysfunction	Harm
Anxiety	Dysregulated fear response in safe situations.	Distress, avoidance, impaired functioning.
Depression	Malfunction in mood regulation mechanisms.	Persistent sadness, loss of interest, daily impairment.
Psychosis	Failure in mechanisms distinguishing reality from internal thoughts.	Hallucinations, delusions, significant functional decline.

DSM 5's definition of a mental disorder

- Syndrome – cluster of symptoms that can be differentiated from other clusters/syndromes
- Clinically significant – severe, frequent and impactful enough
- Disturbance in cognition, emotion regulation or behaviour
- Reflects dysfunction in psychological, biological or developmental processes underlying mental functioning
- Usually associated with significant distress or disability
- What is not a mental disorder
 - o Expectable or culturally approved response to a common stressor or loss
 - o Socially deviant behaviour or conflicts between the individual and society

Three approaches to models classifying mental disorders

- Categorical approach divides mental disorders into categories based on criteria sets with defining features
- Dimensional approach determines degrees of psychopathological phenomena to occur along continuums
- Alternative models do not focus on the mental health and illness dichotomy

Categorical vs. dimensional classification

- Hybrid approaches exist
- Categorical
 - o Better clinical and administrative utility – clinicians are often required to make dichotomous decisions
 - o Easier communication, e.g., shared understanding of what schizophrenia is
- Dimensional
 - o Closely model lack of sharp boundaries between disorders, between disorders and normality
 - o Have greater capacity to detect change, facilitate monitoring
 - o Can develop treatment-relevant symptom targets - not simply aiming at resolution of disorder (most treatments actually target symptoms, not disorders)

Variability in individuals' experiences of mental health and illness is a challenge to reliably determining who is experiencing a clinically significant psychological problem

DSM 5 is primarily categorical (disorder diagnoses) with some dimensional components (e.g., symptom severity rating, chapter organisation, new models of classifying personality disorder)

- Diagnostic and statistical manual of mental disorders
- Categorical diagnosis is not the whole process, is one of the steps

Diagnosing using the DSM 5

- Involves
 - o Clinical interviews between clinician and client
 - o Comparing to text descriptions and diagnostic criteria in the DSM 5
- Also
 - o Focuses on currently presenting symptoms and severity
 - o Rule out disorder due to general medical conditions
 - o Rule out disorder due to direct effects of a substance

Assessment tools

- Semi-structured interview, such as mental state exam

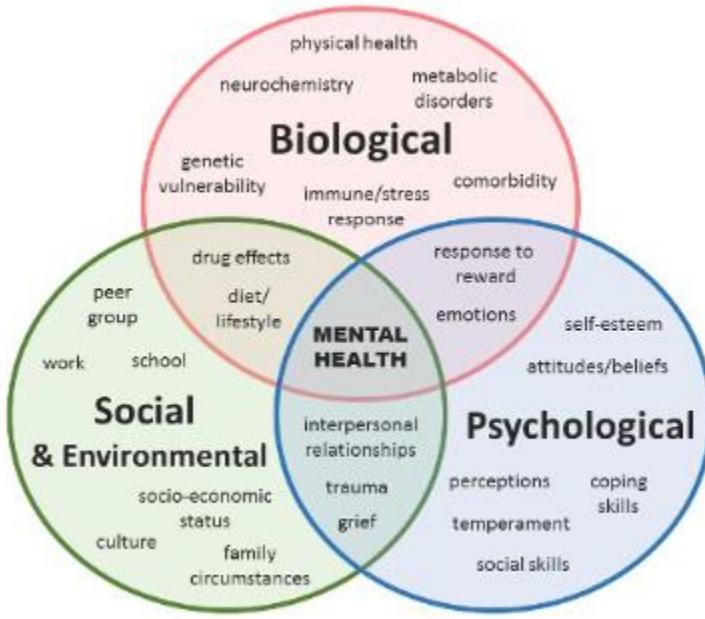
- Structured clinical interview for DSM 5
- Assessment and diagnosis are only some of the steps clinicians need to take

Case formulation

- Biological, psychological and social domains

Biopsychosocial paradigm

- Factors that predispose, precipitate, perpetuate and protect
 - o Predisposing factors set the scene from early in life
 - o Precipitating factors have triggered the problem(s)
 - o Perpetuating factors keep the problem(s) going
 - o Protecting factors



Models/paradigms of psychopathology

- Psychoanalytic, behavioural and cognitive models
- HiTOP – will cover in another lecture
- Cultural perspectives

Freud's Psychoanalytic model

- The unconscious has a profound influence on what we do and how we feel
- Psychopathology caused by unresolved childhood conflicts and repressed desires

- Gaining awareness of unconscious processes helps individuals resolve them and recover
 - catharsis

Watson and Skinner's Behavioural model

- Behaviours are either reinforced or punished, creating stimulus response associations
- Goals of interventions in this model
 - Interrupt or change maladaptive stimulus response associations
 - Reinforce adaptive stimulus response associations

Beck's Cognitive model

- How we appraise the problems in our lives affects how we feel and the types of problems we have

Australian First Nations model of social and emotional wellbeing

- Beyond the individual, those around them and their environment



Issues of intelligence measurement

- Are the SBS, BAS and WISC measuring the same thing? Are they truly measuring intelligence? Which test best measures intelligence?
- Fluid intelligence, crystallised intelligence and broad visual perception are greatly influenced by environment you grow up in – education, family, social background
 - o Difficult for a test to measure this in people of different social and cultural backgrounds
- E.g., WISC scores differ among ethnic groups, average IQ of Euro-American children is higher than that of African-American children
 - o This does not indicate a cultural difference in intelligence. Again, we need to look at the tests used to measure intelligence and whether they are able to do so in people of different social and cultural backgrounds
 - o Tests may include culturally insensitive questions that bias test takers from certain social and cultural backgrounds

The Koori IQ test demonstrates

- Value of knowledge is culturally constructed
- It feels unfair and discriminatory to be assessed and graded using questions that are insensitive to your social and cultural background

L5.1 Social development

Social development is development of skills, attitudes, relationships and behaviour that enable the individual to interact with others, and to function as a member of society

- Developmental themes of
 - o Continuity and discontinuity
 - o Mechanisms of change
 - o Nature and nurture
 - o The active child

Psychoanalytic theories

Theories include Freud's theory of psychosexual development, and Erikson's theory of psychosocial development

Freud's theory of psychosexual development is concerned with the relationship between the conscious and unconscious mind

- Conscious mind consists of rational and irrational thoughts
 - o Superego is what we believe to be right/acceptable according to social norms
 - o Ego tries to compromise between id and superego
- Unconscious mind or id consists of biological needs such as hunger, thirst, sexual desire, aggression

Freud's theory proposes that personality and psyche (the mind) develop through stages – resolving conflicts between id and superego at each stage

- Discontinuous development and progression through stages, similar to Piaget's theory
 - o Pros is development and progression
 - o Cons is discrete and fixed progression through stages, does not reflect diversity in human population, vague mechanisms of change
- At each stage of psychosexual development, the individual has different conflicts between id and superego – resolving these conflicts is how we move onto the next stage

Legacy of Freud's theory

- Influential by proposing that early experiences “sets the stage” for later experiences, laid the foundations for later psychological theories
- Nowadays, largely rejected in modern psychology due to lack of empirical evidence, overemphasis on sexual development, and overgeneralisation based on his observations

Erikson's theory of psychosocial development is concerned with stages – resolving different crises or challenges at each stage

- Similar to Freud's theory, discontinuous development and progression through stages
 - o Pros is development and progression, spanning from infancy to late adulthood
 - o Cons is discrete and fixed progression through stages, does not reflect diversity in human population, vague mechanisms of change
- Crises: One side is not better than the other, just up to the individual to navigate and determine which side is more beneficial for their themselves

Erikson's Theory of Psychosocial Development

Life period	Age	P-S Crisis	Question
Infancy	0 - 1	Trust v. mistrust	Can I trust my caregivers?
Toddlerhood	1 - 3	Autonomy v. shame	Can I make choices and do things myself?
Early-mid ch.	4 - 6	Initiative v. Guilt	Can I imagine or invent who I am?
Mid-late ch.	6 - 11	Industry v. Inferiority	Can I learn / be accepted by peers?
Adolescence	12 - 18	Identity v. Identity confusion	Can I define who am I and how I fit in?
Early adult.	19 - 39	Intimacy v. Isolation	Can I form close relationships?
Mid adult.	40 - 65	Generativity v. Stagnation	Can I do meaningful work & contribute to next generation?
Late adult	65 +	Integrity v. Despair	Can I say that the life I have lived was worthwhile?

Learning theories

While psychoanalytic theories of social development emphasise internal forces and subjective experiences, learning theories emphasise external forces

Learning theories are concerned with how people learn specific behaviours

- Relevant to development because learning of behaviour occurs throughout lifespan, and has ongoing consequences for the person's life
- Theories include Watson's classical conditioning, Skinner's operant conditioning, and Bandura's social learning theory

Watson's classical conditioning proposes learning = associating 2 unrelated stimuli

Skinner's operant conditioning proposes learning = associating behaviours with consequences (reward or punishment)

Bandura's social learning theory proposes learning = observing other people's behaviours

- Bobo doll experiment – observing other people's behaviour and the consequences that follow (reward or punishment)

- Passive observation of other people's behaviour can lead have powerful and long-lasting impacts on behaviour

Autism spectrum

Kanner (1943) described children who desired being by themselves and insisted on sameness

- Early infantile autism is an inborn difference in emotional connection and communication

Neurodevelopmental disorder

- Typical and atypical development

Clinical model of autism: DSM 5 describes autism as comprising social deficits, and restricted and repetitive behaviour and interests

- Social deficits can comprise differences in social reciprocity, nonverbal communication and social relationship
- Restricted or repetitive behaviour and interests can comprise differences in
 - o Stereotyped or repetitive motor movements
 - o Insistence on sameness
 - o Restricted and fixated interests
 - o Hyper- or hyporeactivity to sensory input
- Autistic individuals do not necessarily show all of these features

Pros and cons of clinical model of autism

- Pros is standardised definition and framework for diagnosis allows people to receive support, and facilitates communication between care professionals
- Cons is focus on deficits in autistic people – whereas in reality, we know autistic people also have strengths

Neurodiversity model of autism: Autism as part of natural variation in human brains

- Neurotypical and neurodivergent
- Strengths based approach

- Society should value the diversity/strengths of autistic people, accommodate these individuals to advocate for themselves and contribute to society
- Advocacy for a neurodiversity model

Current understanding about autism

- **Current understanding about autism**

- 1) ~1% of the population in the world
- 2) more common in males than females 
- 3) highly heritable & highly genetically heterogeneous
- 4) commonly cooccurs with other conditions or disorders
- 5) usually diagnosed after 2-3 years of age
- 6) no standard therapies

Behaviour therapies for autism is a controversial topic

- In 1960s, Discrete Trial Training (DTT) was prominent
 - Based on Skinner's operant conditioning
 - Highly structured, may be effective at improving certain skills
 - However, many criticisms of lacking care for children's feelings and needs (emphasises what society wants from these children instead), and learned skills may not be generalisable
- From 1980s, Naturalistic Developmental Behavioural Interventions (NDBIS) became prominent
 - Involves behavioural and developmental theories
 - Addresses criticisms of DTT by integrating children's interests and natural settings
 - More effective than DTT, but still a long way to go for designing a therapy that accommodates children's feelings and needs

Wang (2019) found that pivotal response treatment increases development of language, and untargeted social and cognitive functions

- Pivotal response treatment is part of NDBIS therapies

L8.2 Obedience and persuasion

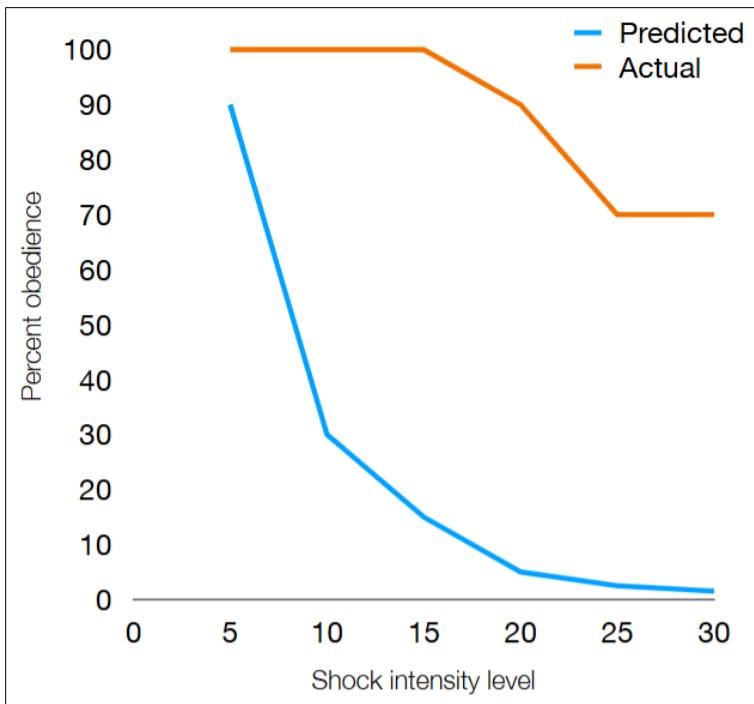
Dale Carnegie's rules for convincing people

1. The only way to get the best of an argument is to avoid it
2. Show respect for the other person's opinion; never say, "you're wrong"
3. If you are wrong admit it quickly and emphatically
4. Begin in a friendly way
5. Get the other person to say "yes, yes" immediately
6. Let the other person do a great deal of the talking
7. Let the other person feel the idea is his or hers
8. Try honestly to see things from the other person's point of view
9. Dramatise your ideas
10. Throw down a challenge

Milgram's obedience studies

Milgram's obedience studies looked at how individuals obeyed orders from authority to harm others

- Involved a naïve participant as the "teacher", a confederate as the "learner", and the experimenter/researcher
- Teachers were instructed to increase the shock voltage with each incorrect response
 - o Shock voltage marked as slight to XXX
 - o Most teachers expressed emotional conflict to the confederate learners' reaction to the shocks, wanting to stop
 - o Teachers were told that though the shocks may be painful, there is no physical damage to the learner
- Confederate learners made errors and were consequently shocked, reacting more verbally and physically to the increasing shock voltage
- The experimenter encouraged the teachers to continue with the shocks
 - o Increasingly forceful encouragement, "please continue" to "you have no other choice than to go on"
- At the end of the study, many more participants administered high shock voltage levels than predicted before the study by psychiatrists – high rate of obedience
 - o 68% of participants administered up to XXX shock voltage level



Reasons for high rate of obedience in Milgram's studies

- Experimenter/authority has high status
- Participants believe authority is responsible for the actions, not themselves
- No clear cut point to switch to disobedience, people have already obeyed so they keep doing so
- Gradual escalation in obedience – following orders at first has mild consequences, but later on you have already obeyed so you continue even with severe consequences

Nick Haslam (2014) meta-analysed 21 versions of Milgram's studies

- Rate of obedience varied across 23 versions of Milgram's studies
- Meta-analysis of 21 versions found overall, fewer than half of participants continued to the maximum shock voltage
I.e., the majority of participants disobeyed at some point

Reasons for disobedience in Milgram's studies

- Non-committed experimenter/authority, less forceful encouragement of participants to increase shock voltage
- Participant having a close relationship with the learner
- Participant seeing other people disobey

Burger (2009) replicated Milgram's studies under more ethical conditions, found that 70% of people obeyed to a critical shock voltage level

- People with greater desire for control and empathic concern for others were more reluctant to obey

Alex Haslam (2015) replicated Milgram's studies, found that the final straw for participants to stop obeying was being told "you have no choice than to go on"

Stanford prison experiment

Zimbardo (1973) simulated prison life in a study, by separating participants into prison guards and prisoners

- Prisoners became emotionally disturbed
- Guards began psychologically tormenting and abusing prisoners
- Experiment was supposed to 2 weeks but then stopped after 6 days

Cons/critiques of the Stanford prison experiment

- Despite the brutal conditions, only 30% of guards actually behaved cruelly
- Self-selection in participants signing up for the study, study advertisement mentioning "prison life" likely attracted participants who were already higher in aggression or lower in empathy
- Demand characteristics (i.e., participant or response bias) due to participants guessing what the study's hypotheses were/what the researchers wanted to happen, then adapting their behaviour to these expectations
- Impartial experimenter, Zimbardo actively encouraged guards to behave cruelly

BBC prison study by Reicher and Alex Haslam (2006) re-enacted the Stanford prison experiment with some key differences – checks in place to ensure ethics, ensured impartiality, study was televised and participants knew

- Leadership and group membership arose amongst prisoners, leading to them having better mental health than the guards
- Cons/critiques by Zimbardo (experimenter in Stanford prison experiment)

Persuasion

We can make appeals to the head/reason based approaches, or the heart/emotion based approaches

Emotion based approaches: Compliance with requests is higher when people are in a positive mood, reasons being

- Mood colours our interpretation of events, requests seem less demanding when we feel good
 - o Requests seem more reasonable and easier
- Emotional maintenance, we want to continue feeling good and granting a request is one way to do so

Reason based approaches: Compliance with requests occurs when we provide good reasons for people to do so

- Decision making involves weighing pros and cons, pros/good reasons drive action
- Norm of reciprocity
- Power of commitment
- Elaboration likelihood model

Norm of reciprocity is when someone does something for us, we feel pressured to help in return

- Evolutionarily, not helping in return violates a social expectation and risks social condemnation
- Regan (1971): Confederate giving participant a soft drink, later on participant was more likely to buy raffle tickets from the confederate

Door in the face approach is when we first make a large request guaranteed to be refused, then follow up with a more modest request – the real favour

- Driven by norm of reciprocity
- Decrease in size of request = concession on asker's part, pressures receiver to make a concession on their part too by agreeing to the request

Power of commitment is once a choice has been made in front of others, people feel pressure from themselves and others to commit to that choice

- Even if the commitment becomes increasingly costly
- This can be exploited by others – think cults demanding more and more from people, Milgram's obedience studies
- Cialdini (1978): Participants told that a study starts at 7am, those told about this after recruitment were more likely to commit/agree to it than those told before recruitment
 - o 56% agreed when told after, 31% agreed when told before

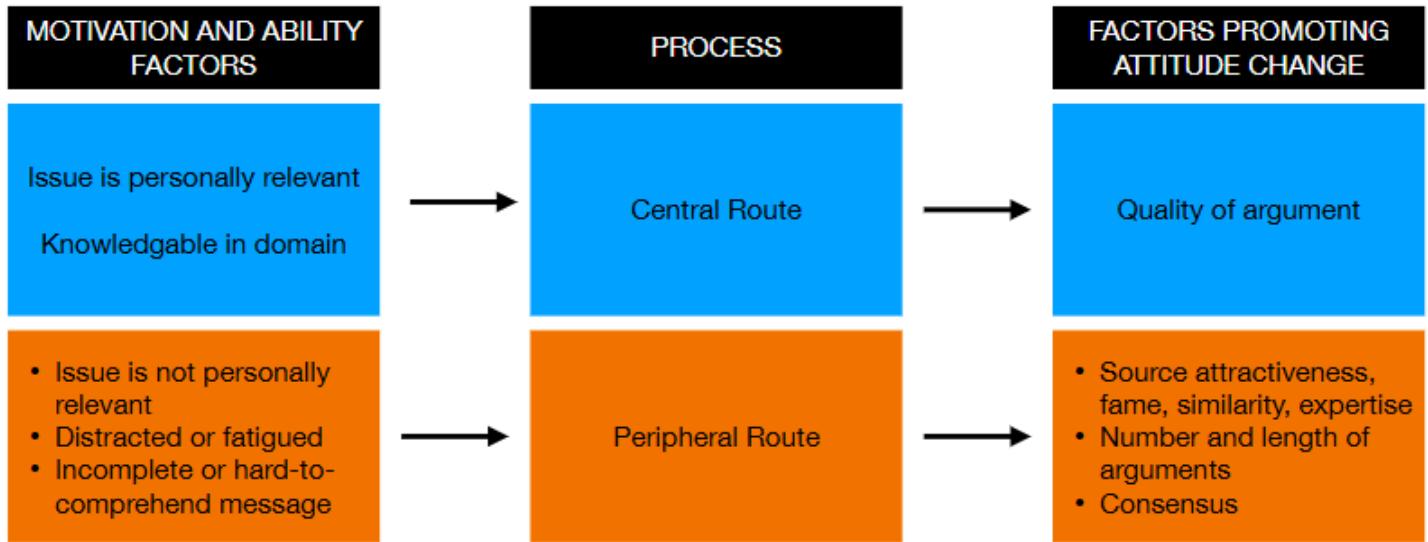
Foot in the door approach is when we make a small request guaranteed to be agreed to, then follow up with a larger request – the real favour

- Driven by power of commitment
- The receiver does not want to go back on their word, complying with the request becomes part of their self-image

Both door in the face and foot in the door are equally effective

Elaboration likelihood model proposes 2 pathways to persuasion

- Central pathway is when people's agreement is determined by carefully thinking about the (perceived) quality of the argument
 - o Undertaken when the issue is personally relevant and you understand it well
- Peripheral pathway is when people's agreement is determined by the (perceived) quality of the source, argument(s) and consensus
 - o Undertaken when the issue is not personally relevant, you are distracted or tired, or the argument is incomplete or hard to understand



Norms

Norm based approaches is our tendency to conform to the behaviour of those around us, i.e., modifying our behaviour to shift towards the mean

- Schultz (2007): After telling energy users how much they used compared to others around them, below average users increased their usage, while above average users reduced their usage

2 types of social influence: majority and minority

Majority influence, Asch (1956): Three lines of different lengths, a participant amongst a group of confederates asked to choose a line matching another

- 75% of participants conformed at least once
- On average, participants conformed in 1/3 trials

Factors that affect majority influence

- Anonymity – reduces effect
- Perceiving people in the group as experts on an issue – increases effect
- Larger groups – increase effect, up to 3-4 confederates then plateaus
- Perceiving others disagreeing with the group (even if you don't agree with them) – reduces effect

Minority influence, Moscovici (1969): Blue or green slides, a vocal and consistent minority can affect individuals' attitudes and behaviours

- Much weaker effect with an inconsistent minority
- When we see a minority disagree with them, we begin to question why they are doing so even at a social cost, whether they might be right

Normative influence is when we are influenced by others because we want to gain their social approval or avoid their disapproval

- More common in majority influence

Informational influence is when we are influenced by others because we accept information from them as evidence about reality

- More common in minority influence

L9.1 Cooperation and helping

Being out for ourselves

Widespread assumption in Western thought that humans are fundamentally selfish

- Freud's pleasure principle
- Machiavellianism

Dictator game experiments to investigate trust and generosity

- Player 1 is allocated an amount of money, decides how much to give to player 2
- Player 2 receives a proportion decided by player 1, player 1 receives the rest

Dictator game experiments find that most people would share the money allocated to them

- In dictator game experiments, 71% of people give away 40-50% of the allocated money

Reasons for the giver to give more money away include

- Being socially closer to the receiver

- Longer response time = more effort, you perceive less of an association between a word pair
- Shorter response time = less effort, you perceive more of an association between a word pair

Implicit tests have lower re-test reliability, because your rapid responses are influenced by many situational factors other than your personality

L12.2 Personality change

Implications of theories for personality change

- Trait theory: Traits are stable by definition
- Biological approaches: Heritability may imply stability, but maturational change can also be genetically programmed
- Psychoanalysis: Childhood determinism
- Cognitive approaches: If personality is made up of cognitions and cognitions can change, then personality is malleable

Mischel's (1990) marshmallow experiment provides evidence for the stability of personality

- Marshmallow experiment measured delayed gratification ability in 4 year olds, participants were then followed up for many years later
- Participants able to delay gratification at 4 years old were found to later have
 - Higher planfulness, stress tolerance and self control
 - Higher SAT scores
 - Lower BMI scores
- Something is persisting over time

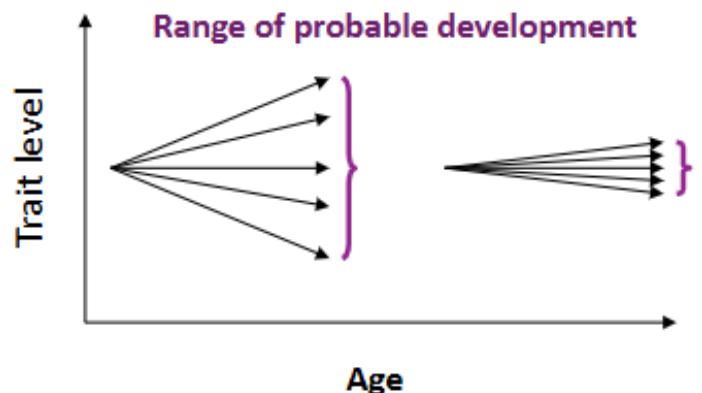
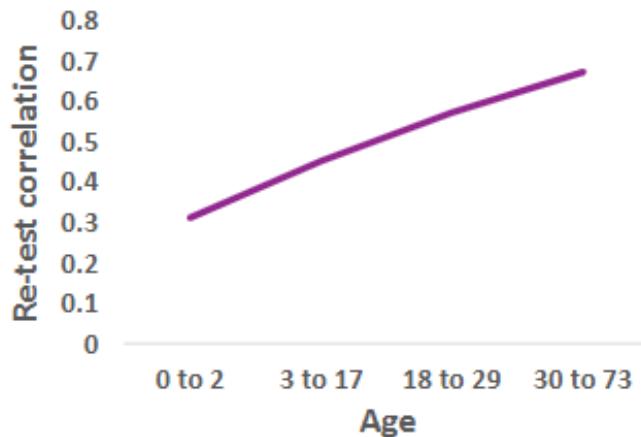
Longitudinal studies of personality repeatedly administer personality tests over time

- High rank order stability = high retest correlation between earlier and later test results
 - If you rank high at time 1, then rank high at time 2

Above moderate retest correlation (0.65) for the big 5, over a 20 year period after age 30
i.e., personality is stable

- 83% rank order stability

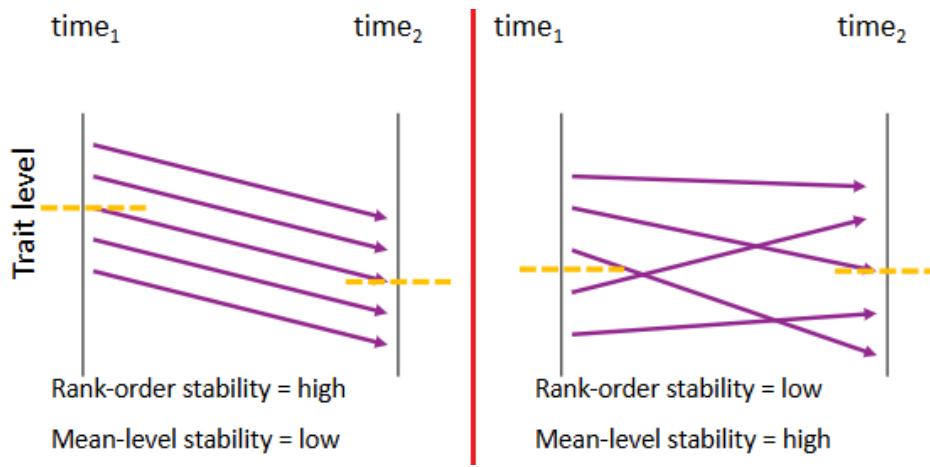
Rank order stability increases over time
I.e., personality is increasingly stable with age



What causes personality to be stable?

- Genetic influences: Stable genetic basis of personality, genetically encoded maturation
- Environmental channelling: As you age, you fall into a pathway through life and are likely to stay within it
- Environmental selection: People select environments that match and thus reinforce their personalities
- Freedom from disruptive life changes: Largely peaceful and wealthy societies
- Psychological resources: Being resilient and adapting to challenges
- Stable self concept rather than personality: Personality tests cannot assess our actual personality, rather they assess self concept – if our self concept is stable, then our personality test results will remain stable over time, regardless of whether our actual personality changes

Mean level stability is measured for a population



2 meanings to stability and change in personality

- Correlation or rank order meaning is whether a person's personality is/isn't highly correlated over time
- Mean level meaning is whether a group of people's average level of personality is/isn't stable over time

Evidence of mean level change for big 5 dimensions as we age

- Openness, conscientiousness, extraversion and neuroticism decline – to variable extents
- Agreeableness is stable

What causes mean level change in personality?

- Changing life circumstances, social roles and expectations
- Changes during the early adulthood transition – time where personality changes tend to be more striking and lasting
 - o Young people become more agreeable and conscientious, and less neurotic over time
 - o Educational challenges associated with increase in conscientiousness
 - o Working associated with increase in self confidence and sociability, and decline in anxiety
 - o Good intimate partner relationship experience associated with lasting declines in neuroticism and shyness
 - o International travel associated with increases in agreeableness and openness

Personality changes in the medium term, in response to life experiences

- E.g., relationships, birth and death, work

On a population or even human race level over time, mean level personality changes in response to social and cultural shifts

- Self esteem and extraversion increased
- Neuroticism and anxiousness increased
- External attribution increased
- Women's assertiveness increased during the mid-20th century, then decreased until present

Stages of life have different themes, which affect how traits are expressed

- E.g., neuroticism and how you express negative emotions at 4 vs. 14 vs 40
- Erikson's life stages encompass the whole lifespan, with implications for personality throughout it
- Extended on Freud's psychosexual stages

Erikson's life stages

1. Basic trust vs. mistrust

- Infancy; corresponds to oral stage

2. Autonomy vs. shame & doubt

- Toddler-hood; corresponds to anal stage

3. Initiative vs. guilt

- Pre-school; corresponds to phallic stage

4. Industry vs. inferiority

- School years; corresponds to 'latency'

5. Identity vs. identity confusion

- University years
- 'Psychological moratorium'; trying on of identities
- Risk of 'foreclosing'

6. Intimacy vs. isolation

- Young adulthood
- Close relationships

7. Generativity vs. stagnation

- Mid-life
- Sense of meaningful contribution to the future

8. Integrity vs. despair

- Old age
- Wisdom & transcendent satisfaction with lived life