

**Psychology: What is it,
what do psychologists do and
why does psychology Matter?**

Psychology is the study of what people think, feel and behave.

Psychologists use this knowledge to help people understand, explain and change their behaviour.

There are many different areas
of study in psychology...

Here are a few...

industrial organizational psychology
correctional and forensic psychology
clinical psychology
school psychology
neuropsychology
social psychology
environmental psychology
health psychology
developmental psychology

How do you get to be a psychologist?

Undergraduate degree in psychology followed by masters and/or doctoral degree in area of specialty (e.g. clinical psychology, experimental psychology, school psychology).

If your area is one that involves providing assessment and treatment to patients, you will also need to complete an internship, licensing examinations, and a period of supervised practice in order to be eligible for a license to practice.

All told but depending on your area of specialty, it takes from 6 (masters) to 10 (doctorate with internship) years of university study to become a psychologist

What do psychologists do?

Some psychologists work primarily as researchers and faculty at universities and at governmental and non-governmental organizations. Others work primarily as practitioners in hospitals, schools, clinics, correctional facilities, employee assistance programs and private offices. Many psychologists are active in both research and practice. Some work for businesses.

Here are some of the kinds of topics towards which psychologists focus their research and practice:

mental health problems such as depression, anxiety, phobias, etc.

neurological, genetic, psychological and social determinants of behaviour

brain injury, degenerative brain diseases

the perception and management of pain

psychological factors necessary to maintaining wellness and preventing disease

psychological factors and problems associated with physical conditions and disease (e.g. diabetes, heart disease, stroke)

copmg with terminal illnesses

cognitive functions such as learning, memory, problem solving, intellectual ability and performance

developmental and behavioural abilities
and problems across the lifespan;

addictions and substance use and abuse
(e.g. smoking, alcohol)

stress, anger and other aspects of
lifestyle management

criminal behaviour, crime prevention,
services for victims and perpetrators of
criminal activity

court consultations addressing the impact
and role of psychological and cognitive
factors in accidents and injury, parental
capacity, and competence to manage one's
personal affairs

the application of psychological factors and issues to work such as motivation, leadership, productivity, marketing, healthy workplaces, ergonomics

the role and impact of psychological factors on performance at work, recreation and sport.

marital and family relationships and problems

social and cultural behaviour and attitudes, the relationship between the individual and the many groups of which he or she is part (e.g. work, family, society)

Lets look at some examples of
what psychologists study...

Festinger and Carlsmith (1959) on cognitive dissonance

students are asked to participate in an experiment about how people's expectations influence their experience of a task

Festinger , L. and Carlsmith, James M. (1959). Cognitive consequences of forced compliance. *The Journal of Abnormal and Social Psychology*, Vol 58(2), Mar 1959, 203-210.

participants do the task which is really very boring – moving spools around in a box for 30 minutes

the researcher thanks them and lets them know that others found it a very interesting task

the researcher then asks participants for help – he asks them to stick around and help with the next group of participants. The next group needs to be told that the task is really interesting before they do it. Some are paid \$1 for helping out and some are paid \$20.

the participants are then asked what they thought about the task

those paid \$1 rate it as moderately interesting even though it is really boring

those paid \$20 rate it as boring and it was.

So what do we make of all this?

Why would people have a different view of the same task depending on how much they were paid?

Cognitive dissonance: two
contradictory thoughts

“this is a boring task”

“I am an honest person and now
I am being asked to lie to
someone about the boring task”

We resolve the contradiction by convincing ourselves that the task wasn't that boring – after all, the researcher said that other people found it interesting. That way, when we say it wasn't boring, we are not lying and our sense of our self as an honest person is preserved.

The student who was paid \$20 doesn't have the same dissonance. Whereas \$1 isn't enough to justify the lie, \$20 is. That student didn't have to convince himself that the task was interesting – he told the lie because he was paid enough to justify it. Remember the study was done in 1959 when \$20 was worth about \$150 today!

Can you think of any examples when you might have been influenced by cognitive dissonance?

Dr. Asch's study on conformity (1950's)

Asch , Solomon E. (1956). Studies of independence and conformity: I. A minority of one against a unanimous majority. *Psychological Monographs: General and Applied*, Vol 70(9), 1-70.

The study presents one line on the left and three on the right and asks the participant which of the lines on the right is the same length as the one on the left?

There is one obvious answer but 76% of people chose the wrong one at least once. Why is that?

People are influenced by the judgments of others, even if they can plainly see what is the right answer. If the participant was asked for his answer after having heard 5 other participants give the wrong answer, the majority of participants would give the same wrong answer.

When Asch interviewed them after the study, here is what they said about their wrong answers...

They felt anxious, feared disapproval and went along to avoid standing out.

So...can you think of an example of when you might have gone against your better judgment so you could fit in with the group?

Can you think of why it might be a good thing for people to stick to their own judgments and when it might be a good thing to conform to a group's?

Glanzer and Cunitz (1966) on memory

gave students a list of words and asked them to recall as many as they could

Glanzer, M. & Cunitz, A. R. (1966). Two storage mechanisms in Free Recall. *Journal of Verbal Learning and Verbal Behaviour*, 5, 351-360.

What they found...

students recalled more words from the beginning and end of lists than in the middle

How do they explain it?...

you have more time to rehearse the early words

you can recall the recent words relying on short term memory

you can keep information in short term memory for only brief periods of time - words in the middle of the list won't be rehearsed enough to create long term memories but aren't recent enough to survive with short term memory

What does it mean?...

don't cram, study in smaller but frequent sessions

if you must cram, study the important parts at the beginning of your cram session and the next most important at the end

leave the least important information for the middle of your study session

Buffardi and Campbell (2011)

found that people who like themselves reveal more on social networking sites

<http://psp.sagepub.com/content/34/10/1303.abstract>

Orr et al. (2009)

found that people who are shy spend more time on Facebook

Orr, E.S., Sisic, M., Ross, C., Simmering, M.G., Arsenault, J.M., Orr R. R. (2009) Jun. The influence of shyness on the use of Facebook in an undergraduate sample. [*Cyberpsychol Behav.*](#) 12(3):337-40.

What do you make of those findings – what is it about Facebook that might make it easier for shy people to interact with others on Facebook instead of in person?

What makes people happier –
experiences or things?

The answer according to
psychologists Drs. Howell and Hill
(2009) is experiences

San Francisco State University (2009, February 7). Buying
Experiences, Not Possessions, Leads To Greater
Happiness. *ScienceDaily*.

When asked to answer questions about something they recently bought for the purposes of making themselves happy, those who bought an experience were more satisfied at the time and after the event.

People also said that others reacted better to their purchased experience than their purchased object (so maybe your friends would rather hear about your vacation than your new jacket?)

Why might experiences bring more happiness?

...may be because an experience is more likely to involve others which might fulfill two needs – to have something and to be close to others

Fantz (1961) what are babies looking at?

Showed babies two different pictures – a bulls eye or a human face

[Fantz, R. L. \(1961\). The origin of form perception. *Scientific American*; 204:66-72.](#)

What did he find?

Two month old babies spent twice as much time looking at the face than the bulls eye.

What might this finding mean and why do you think it might be a good idea for very young babies to prefer looking at human faces?

How do you know what you feel?

Schachter and Singer (1962) did a series of studies looking at how people interpret what they feel.

Schachter, S., & Singer, J. (1962). Cognitive, Social, and Physiological Determinants of Emotional State. *Psychological Review*, 69, pp. 379–399.

they gave two groups of participants an injection – both groups were told it was a vitamin injection but one was told that the injection had side effects like increased heart rate and a flushed face

after the injection, the participants were sent to a waiting room where another student, who supposedly also had the injection, was waiting

the other student was full of energy
and soon the two start playing catch
and flying airplanes

heart rates are increased, faces
flushed etc

The participants then filled in a questionnaire about their mood.

The ones who were not told about the side effects, report feeling happy and energetic but the ones who were told about the side effects, do not.

What does this study tell you
about how we might interpret
and label what we feel?

Context matters when interpreting your physical state – how you feel is not just about how you feel physically; it is also about what you think!

So what I am hoping these studies have helped you to realize is that psychology, or the study of what people think, feel and do is relevant to just about everyone and just about everything...

If you want to do well on a test,
study small bits regularly rather
than large chunks at the last
minute.

If you want to predict how your friend might feel about something that happened, consider what she expected to happen.

If you want to help children, students or employees be happiest, give them an experience rather than a thing.

If you want people to rely on their own judgments, ask for them individually.

If you want to capture a young baby's attention, show them your face.

All of this information, in one way or other, is relevant to everything we do – at school, work, in families, and on teams.

So what happens when there are problems or disturbances in what someone thinks, feels or does?

Whereas some psychologists focus mostly on research, others spend their time helping people manage or recover from psychological problems.

Your “psychology” affects your health in three ways:

Psychological disorders can actually be a contributing factor to disease (e.g. depression and heart disease)

Psychological factors influence
how people manage their health
and their illness

Significant disturbances in psychological functions are illness in and of themselves (e.g. depression, anxiety, eating disorders, schizophrenia)

So how do we know when
someone has a psychological
disorder?

Is it when they do or think
something different than
everyone else?

Is it when they behave in ways
that hurts themselves or
someone else?

Is it when what they do, think
and feel gets in the way of them
accomplishing things at home,
school or work?

And the answer is ...

Yes, no and it depends

A few facts...

One in five Canadians will experience a psychological disorder in a given year

Of these, the most common are depression and anxiety

What is depression?

depressed mood that persists for more than 2 weeks and is present most of the time

loss of interest or pleasure in usual activities

impaired functioning at home or work

And in addition (but not necessarily all)...

changes in sleep or appetite

withdrawal from others

feelings of guilt

thoughts of self harm

loss of libido

fatigue

irritability

trouble concentrating

tearfulness

perceptual disturbances – delusions,
hallucinations

What is anxiety (generalized)?

Excessive anxiety or worry occurring more days than not for 6 or more months about a variety of things

difficulty controlling the worry

and in addition

3 or more of (restlessness, easily fatigues, difficulty concentrating, irritability, muscle tension, sleep disturbance

the anxiety or worry causes significant distress or disruption in usual activities (social, work, family)

Is depression or anxiety any different in teenagers?

Many teenagers feel down or sad at times but if these feelings are constant, it might be depression

Suicidal thinking often accompanies depression in adolescence

teenagers may experience anxiety in a physical way (e.g. stomach aches, headaches)

risk taking behaviour might be a symptom of a mental disorder

What signs should you look for?

<http://publications.cpa-apc.org/browse/documents/20>

Drop in marks or missing school

Excessive use of alcohol or drugs

Changes in sleeping or eating habits

Many physical complaints

Disrespecting the rights of others

Withdrawal from friends and activities

Prolonged negative mood, poor appetite,
difficulty sleeping, thoughts of death

Angry outbursts

Low energy and boredom

Lack of enjoyment in usual activities

Unusual neglect of personal appearance

Uncharacteristic risk taking behaviour

Marked personality change

Comments about feeling rotten, wanting to end things

What should you do if you think you or someone you know has a problem?

<http://publications.cpa-apc.org/browse/documents/20>

Teenagers are more likely to tell a friend about psychological concerns. A friend might be a great listener but not be the best person to provide the help needed.

A friend can be of the most help by helping to make sure the person gets in touch with someone who can help or get the help needed.

That might be...

school counsellor or teacher

a family doctor

clinic

parent or other relative

psychologist

psychiatrist

social worker

help line

emergency department of a hospital

People can recover from and manage psychological disorders and live and work successfully with illness.

One of the great barriers to people taking care of their psychological health and to getting the help they need when it comes to psychological problems is *stigma*

“Stigma is defined as shame and disgrace. It's like a stereotype, and because it's based on myths and misunderstandings, it's always negative.”

<http://www.schizophrenia.on.ca/about-schizophrenia/5-stigma/8-what-is-stigma.html>

What is stigma?

“Stigma (or Prejudice) describes a negative and unfavourable attitude

Stigma causes those living with a mental illness to be labeled, stereotyped and feared.

http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2009/Stigma%20The%20Facts.pdf

What is discrimination?

Discrimination is the actions that result from stigma.

It's how you treat those living with mental health problems because of how you think about them.

http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2009/Stigma%20The%20Facts.pdf

Why does it matter?

Many people living with mental health issues say the stigma of the disease is worse than the illness itself.

Stigma is seen as one of the key barriers preventing people from seeking help.”

http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2009/Stigma%20The%20Facts.pdf

Busting some psychological myths...

Psychological disorders are as real as any other illness and all illness is affected in one way or another by a combination of psychological, social and biological factors

Very little violence is caused by people with psychological disorders and people with psychological disorders are more likely to be victims than perpetrators

What are the kinds of things that can help someone recover or manage psychological disorders?

Depending on the problem or disorder...

Psychological assessment to help diagnose a problem and help the person overcome it (e.g. a learning disorder)

treatments such as cognitive behavioural therapy for treatment of anxiety or depression

Depending on the problem or disorder...

medications (often used for the treatment of severe and persistent disorders like schizophrenia)

peer support

So how can I take care of my psychological health and even prevent problems?

<http://www.cheo.on.ca/uploads/Mental%20Health/Mental%20Health%20and%20Illness%20Overview.pdf>

There are lots of things you can
do...

sleep, exercise and eat well

spend time with family and friends

spend time doing things you enjoy

be in touch with your feelings and talk to close family and friends about how you feel

face stress and deal with it in a positive way

try to see things from others point of view

use healthy ways to solve problems

Stand up for Mental Health
...psychology matters!

For more information about psychology

www.cpa.ca