

General Psychology

Notes - Motivation & Emotion

These are general notes designed to assist students who are regularly attending class and reading assigned material: they are supplemental rather than exhaustive and reflect general concepts.

I. **Motivation** - the influences that account for the initiation, direction, intensity, and persistence of behavior.

A. Sources of Motivation

1. Biological factors - food, water, sex, and temperature regulation
2. Emotional factors - panic, fear, anger, love, and hatred
3. Cognitive factors - perceptions, beliefs, and expectations
4. Social factors - parents, teachers, siblings, friends, and media

B. Theories of Motivation

1. **Instinct Theory** - innate biological instincts guide behavior

* **instinct** - a complete pattern of behavior that occurs without learning in every member of the species (**Fixed Action Patterns**).

2. **Drive Reduction Theory** - behavior is guided by biological needs and learned ways of reducing drives arising from those needs.

* **homeostasis** - physiological systems kept in balance (equilibrium) by making adjustments in response to change.

* 2 drives - **primary** (biological needs) **secondary** (learned)

3. **Arousal** - people seek to maintain an optimal level of physiological arousal, which differs from person to person. Maximum performance occurs at optimal arousal levels.

* increase arousal when it is too low (seek excitement when bored)

* decrease when it is too high (relaxation when over-stimulated)

4. **Incentive** - behavior guided by the lure of rewards and the threat of punishment. Cognitive factors influence expectations of the value of various rewards and the likelihood of attaining them.

5. **Maslow's Hierarchy of Needs** - human behavior influenced by needs or motives that can be ranked. Needs at a lower level must be partially satisfied before people can be motivated by higher-level goals

* deficiency needs

* meta-needs (growth)

II. Hunger and Eating

A. Biological Signals for Hunger and Satiety

1. Signals from the Stomach

* contracts during hunger pangs & increased pressure to reduce appetite

* influences eating behavior does not control

2. Signals from the Blood

* brain needs blood nutritional needs in blood

* brain monitors glucose (sugar used by body) fatty acids and amino acids (protein)

* when glucose drops eating increase sharply

* hormones (insulin/needed to use glucose and leptin/regulates body fat)

B. Hypothalamus Plays Primary Role in Regulating Eating Behavior

1. Ventromedial nucleus - stop-eating center

2. Lateral hypothalamus - start-eating

3. Two interact to maintain homeostasis (balance)

* eat until **set-point** reached (body weight, food intake, and related metabolic signals)

4. Paraventricular nucleus - Neurons act on the PVN stimulating carbohydrate or high fat eating

C. Flavor, Cultural Learning, and Food Selection

1. Sights and smells of particular foods prompt eating because of prior association.

2. Family customs and social occasions create norms for eating in particular ways.

3. Stress is often associated with eating more.

4. Values in Western civilization encourage thinness and can inhibit eating.

D. Eating Disorders

1. Obesity

- * more women than men perceive themselves as being overweight

31% men 24% women

- * Normal weight - 30-40 billion fat cells
- * Obese - 80-120 billion fat cells
- * Heredity - 70% of those children have obese parents (genes/experience?)
- * Set-point theory - weight you maintain when you make no effort to gain or lose weight
- * Increase 50% in 1900s and again from 1960s to 1980s
greater availability of food
energy-saving devices
decline in physical activity

2. Dieting

- * 40% of women & 24% of men
- * does not effectively control weight over long periods of time
- * low-calorie food intake, intensive education and behavior modification best results
- * Yo-Yo dieting harmful

3. Exercise

- * most effective way to lose weight especially when combined with less fat
- * lowered risk of heart disease and reduced anxiety
- * recommendation is to engage in pleasurable levels of exercise

4. Anorexia Nervosa - self-starvation and severe weight loss

- * hungry but refuse to eat
- * 95% are female (affects 1 % of women in the United States)
- * self-punishing perfectionistic personality
- * culturally reinforced obsession with thinness and attractiveness
- * fear of becoming fat & distorted body image

5. Bulimia Nervosa - eating huge amounts of high calorie food then purging

- * usually female (1-10% in United States)
- * begins in teens and associated with preoccupation with being slender

- * usually not life threatening
- * dehydration, nutritional problems, intestinal damage, and dental problems
- * associated with depression and other emotional problems

III. Sexuality

A. Biology of Sex

1. Sexual Response Cycle (Masters and Johnson Research - 1966)

- * Excitement, Plateau, Orgasm, and Resolution
- * Refractory period in men (temporarily unable to be aroused)

B. Heterosexual Attitudes and Behavior

1. Increasing number of young people who are sexually active.
2. Increase in females who are sexually active - equal to males.
3. More liberal attitudes in general.
4. Double-standard still present for premarital and extra-marital.
5. 1994 - Sex in America Survey - Results suggest that sex lives are more conservative than previously believed and ruled by marriage and monogamy.

C. Homosexual Attitudes and Behavior

1. Rates of homosexual behavior have remained constant in 20th century.
2. Acceptance was increasing until AIDS epidemic.
3. Sexual orientation dependent on interaction of genetic, physiological, cognitive, and environment.
 - * Continuum of sexual orientation (Kinsey).
 - * Research on biological basis inclusive.
 - * Not due to sexual orientation of parents, dominant parents, or inappropriate role models
4. Bias and discrimination against homosexuals often leads to acts of violence.

D. AIDS

1. STD caused by HIV (Human Immunodeficiency Virus) which destroys the immune system.
2. 1981 fewer than 60 cases recognized - 1994 more than 40,000 in U.S. died from AIDS.
3. Leading cause of death among 24-44 years of age.
4. 1 to 1.5 million Americans asymptomatic.

5. Transmitted only through sexual contact, sharing needles, and blood transfusions.

6. Highest risk group - females 15-24 who live in rural areas.

7. Progression

Stage 1: HIV+/Asymptomatic (20-30% will develop AIDS within 5 years)

Stage 2: HIV+/Symptomatic (swollen lymph glands, fatigue, weight loss, diarrhea, fever, and sweats)

Stage 3: AIDS (die from inability to fight off opportunistic diseases and health complications - pneumonia, cancer)

8. Treatment no cure/drugs such as AZT slow the progression.

E. Sexual Knowledge

1. Most Americans are not very knowledgeable about sex.

2. Both adolescents and adults have misconceptions about sex.

3. Lack opportunities to define and discuss values about sexuality.

4. Inundated with sexual messages but often misinformed.

5. Need open and honest discussions about sexuality.

IV. Achievement Motivation

A. Need for Achievement

1. Gain esteem

2. High achievement motivation

* strive for excellence

* persist despite failures

* set challenging but realistic goals

3. Workers are more satisfied

* work toward their own goals and get concrete feedback

* a variety of tasks, individual responsibility, and intrinsic rewards

* like to be involved in the decision making

4. Gender Differences

* related to the differences in how males and females view themselves based on learning

* males more likely to view failure as a result of their own effort

* females more likely to view failure as a lack of ability

* females more likely to develop a fear of success (unfeminine & threatening to men)

* males are expected to be better at math and science

V. The Nature of Emotion

A. Defining Characteristics

1. Transitory, with a clear beginning and end, is "positive" or "negative"
2. Partly form cognitive appraisals of situations, and alter thinking
3. Elicit an action tendency - a motivation to behave in a certain way
4. Passions that happen to you, rather than states you can totally create on purpose
5. Involve expressive displays and physiological responses

B. Biology of Emotion

1. Brain mechanisms underlie emotion

- * limbic system, especially the amygdala, is central to emotion control
- * voluntary (fake) facial expressions are controlled by the brains pyramidal motor system
- * automatic (genuine) facial expressions controlled by extrapyramidal motor system
- * left hemisphere of brain more active during the experience of positive emotion
- * right hemisphere of brain more active during the experience of negative emotion
- * perception of emotional stimuli and expression of emotion controlled more by right

2. Autonomic Nervous System

- * Sympathetic Nervous System activates physiological emotional response

Increase in heart & blood pressure, irregular and rapid breathing. Pupils dilate, sweating, dry mouth, raises blood sugar

C. Theories of Emotion

1. James-Lange Theory

- * automatic response precede and cause subjective emotional experience
- * emotion becomes conscious when the brain observes bodily responses
- * each emotion is caused by recognizing a different & specific pattern of bodily activity
- * facial feedback hypothesis - involuntary facial movements give sensory information and that contributes to emotional responses
- * polygraphs try to detect lying by measuring ANS activity thought to be specific to lying

2. Schachter - Singer Theory

- * emotion the result of cognitive interpretation of nonspecific arousal
- * label emotion as a result of how you interpret the situation

3. Cannon - Bard Theory

- * special areas in the brain interpret emotion situations
- * signal simultaneously goes to the amygdala and the cortex
- * strong emotions may bypass the cortex
- * activation of specific areas in the brain may produce feelings of pleasure or pain

D. Communicating Emotions

1. Facial expressions play a primary role in communicating emotions (6,000 - 7,000)
2. People are especially sensitive to minute changes in facial expression
3. Charles Darwin - emotional facial expressions biologically wired and serve an adaptive role
4. Research supports that facial expressions are largely unlearned
5. Culture - specific variations in emotional facial expressions
6. Children gradually learn an emotion culture - rules about where and when different emotions are appropriate and how they may be expressed