

Z

AQA A-LEVEL PSYCHOLOGY

A01/A03 NOTEBOOK

EVERY CORE &
OPTION TOPIC IN
34 PAGES!

FIRST EXAMS
IN 2027



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CONFIRMITY: TYPES AND EXPLANATIONS (A01)

Types of Conformity:

- Compliance: Public agreement, private disagreement.
- Internalisation: Deep, permanent belief change.

Explanations for Conformity:

- NSI: Conforming for social approval, to fit in.
- ISI: Conforming for accuracy, in uncertain situations.

A03:

- Bokemper et al. (2021) → during COVID, people given scientific info about mask benefits were more likely to wear masks correctly + disapprove of non-maskers → shows internalisation (genuine belief in rule), not just going along with others.
- Research Support for NSI → Asch (1951) found conformity dropped to 12.5% when answers were private, showing NSI is driven by fear of rejection.
- Research Support for ISI → Lucas et al. (2006) found higher conformity on difficult maths problems, supporting ISI as people rely on others in uncertainty.
- NSI vs ISI Overlap → Asch (1955) found dissenters reduced conformity but couldn't determine if this was due to NSI (social support) or ISI (alternative information).
- Individual Differences in NSI → McGhee & Teevan (1967) found that people with a higher need for affiliation conformed more, showing NSI affects people differently.

VARIABLES AFFECTING CONFORMITY (A01)

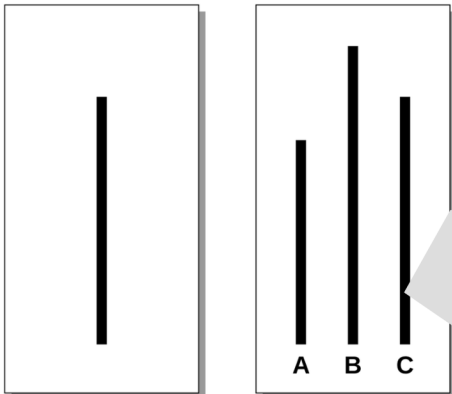
Asch's Study (1951) → Tested conformity in a clear task, used as a baseline.

- Group Size → Conformity rose to 31.8% with three confederates but then leveled off.
- Unanimity → Dissenters reduced conformity below 5% even with one confederate wrong.
- Task Difficulty → As task difficulty increased, conformity decreased.
- Confidence → Higher confidence in one's own answer reduced conformity.

A03:

- Artificial Task → Demands of Asch's task limit real-world application (Folger & Martin, 1965).
- 'Child of its Time' → Perrin & Spencer (1980) found low UK conformity but later studies with modern youths showed similar results to Asch, suggesting conformity is still on historical levels.
- Cultural Differences → US male sample may not be generalisable (Neto, 1995). Research Support → Smith et al. (2006) found higher conformity on order maths problems, supporting task difficulty as a factor.
- Cultural Differences → Smith et al. (2006) found higher conformity in collectivist cultures (37%) than individualist cultures (25%) as collectivist societies value group harmony.
- Modern Studies → Mijnenayake et al. (2020) → online Asch-style study found 78% conformed at least once (vs 31.8% in Asch) → supports reliability + shows conformity still occurs today.

SOCIAL INFLUENCE



OBEDIENCE: SITUATIONAL EXPLANATIONS - AGENTIC STATE

- Agentic State → Shifting responsibility to authority reduces accountability.
- Agentic Shift → Moving from autonomy to obedience under authority.
- Self-Image → Obedience lowers personal guilt.
- Binding Factors → Fear of punishment, obedience, maintains agency.

A03:

- Limited Evidence → Milgram (1963) found 16/18 nurses disobeyed orders, suggesting the agentic shift doesn't explain all obedience.
- Agentic State & Real-Life Obedience → Staub (1986) found Nazi doctors changed gradually, not an agentic shift. Staub (1989) suggested long-term exposure to authority altered behaviour instead.
- Obedience or Cruelty? → Milgram (1963) dismissed other explanations. Zimbardo's study showed guards acted cruelly without orders, suggesting some obey due to sadistic impulses.
- Birney et al. (2024) → obedience varied 0-100% across Milgram's situational variations → suggests obedience depends on context, not just an 'agentic shift'.

OBEDIENCE - MILGRAM (1963)

Procedure → 40 male participants assigned as 'teachers,' always giving shocks to a confederate 'Learner.' The shocks were fake, but participants were unaware.

Baseline Findings → All went to 300V, 12.5% stopped here, and 65% continued to 450V, showing high obedience. Participants showed extreme distress (e.g., sweating, seizures).

Situational Factors in Obedience:

- Proximity → Obedience dropped to 40% (same room), 30% (touch-proximity), and 20.5% (instructions by phone), as distance reduced responsibility.
- Location → Obedience fell to 47.5% in a run-down office, showing prestige boosts authority but isn't essential.
- Uniform → Obedience dropped to 20% when the experimenter wore ordinary clothes, showing uniforms reinforce legitimacy.

A03:

- Low Internal Validity → Orne & Holland (1968) argued participants may have guessed the procedure was fake, especially in variations with extreme manipulations (e.g., 'member of the public' replacing experimenter).
- Location & Obedience → Fromm (1973) argued obedience was high because the experimenter represented science, making Milgram's findings less generalisable to real-world atrocities.
- Bickman (1974) found people were twice as likely to obey a security guard vs. a jacket-and-tie, supporting the power of uniform in obedience.
- Meeus & Raaijmakers (1986) found 90% obedience in Dutch participants under realistic conditions, suggesting findings apply across cultures + genders.
- Perry et al. (2020) → many Milgram participants identified as "play-acting" (demand characteristics) rather than truly believing shocks were real.

MEMORY

CODING, CAPACITY AND DURATION

Coding → Baddeley (1966) > STM is acoustic (similar-sounding words confused), LTM is semantic (similar-meaning words confused).

Capacity:

- Digit Span → Jacobs (1887) > STM holds 7.3–9.3 items.
- Chunking → Miller (1956) > STM holds 7 ± 2 items, improved by chunking.

Duration:

- STM → Peterson & Peterson (1959) > Recall of syllables dropped 80% (3s) → 3% (18s), STM lasts ~18s without rehearsal.
- LTM → Bahrick et al. (1975) > Photo recognition of classmates 90% accurate (15y) → 30% (48y), showing LTM lasts a lifetime but fades.

A03:

- Coding: Artificial Stimuli → Word lists lacked meaning, so findings may not apply to real-life memory.
- Capacity: Reliable Study → Jacobs' digit span test has been replicated, confirming STM's limited capacity.
- Overestimated STM → Miller (1956) suggested 7 ± 2 items, but Cowan (2001) found ~4 items is more accurate.
- Duration: Lacks Realism → Peterson & Peterson used consonant syllables, which may not reflect everyday memory. However, some real-life info (e.g., postcodes) is also meaningless, making it partly relevant.
- High External Validity → Bahrick et al. tested meaningful memories (faces & names), making LTM duration findings more generalisable.

THE MULTI-STORE MODEL OF MEMORY

(Atkinson & Shiffrin, 1968) → Three stores: sensory register, STM, LTM; info moves via rehearsal.

- Sensory Register → Brief duration, unlimited capacity, specific coding (e.g., iconic = visual, echoic = auditory) → moves info to STM.
- STM → Limited capacity (7 ± 2), duration (~18s), acoustic coding. Maintenance rehearsal keeps info in STM; prolonged rehearsal transfers it to LTM.
- LTM → Unlimited duration, semantic coding. Info can be retrieved.

A03:

- Support for MSM → Baddeley (1966) = acoustic, LTM = semantic → separate stores (Cowan, 2009) → STM tasks acoustic, LTM tasks semantic; LTM tasks use hippocampus → brain anatomy supports separate STM + LTM stores (MSM).
- Evidence for LTM → Scoville & Milner (1957) lost the ability to form new LTM → could recall old memories > Supports MSM as LTM is separate.
- Working Memory → Baddeley & Hitch (1974) proposed working memory consisting of STM has multiple components > Types of LTM (episodic, semantic) show LTM is not a single store. Multiple STM stores (Warrington, 1970) had poor verbal memory but normal visual memory → suggests STM has separate components.

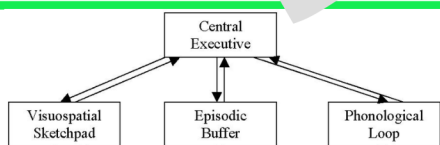
THE WORKING MEMORY MODEL

Baddeley & Hitch (1974) STM has multiple stores for processing different information:

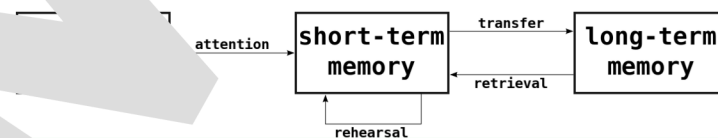
- Central Executive (CE) → Directs attention, limited capacity.
- Phonological Loop (PL) → Processes speech (acoustic coding):
 - Phonological Store → Stores heard words.
 - Articulatory Process → Repeats words (~2 sec capacity).
- Visuo-Spatial Sketchpad (VSS) → Handles visual/spatial info:
 - Visual Cache → Stores visual info.
 - Inner Scribe → Tracks visual info.
- Episodic Buffer (EB) (added later) → Links info from CE, PL, and VSS before moving to LTM.

A03:

- Dual-Task Performance → Supporting separate STM stores → Gilmore et al. (1975) found participants struggled with a visual and verbal task, supporting separate STM stores.
- KF Case Study → Evidence for Separate Stores → Shallice & Milner (1970) found KF had impaired verbal STM but intact visual STM → supporting separate distinct components.
- Case Study → Evidence for Separate Stores → Milner (1967) found damage to hippocampus, making LTM retrieval deficits unclear → generalisability of findings is poor.
- Central Executive Too Vague - Eslinger & Milner (1977) → Eslinger & Milner (1977) found EVR had good reasoning but poor decision-making, suggesting CE is more complex than WMM claims.



THE MULTI-STORE MODEL



EXPLANATIONS FOR FORGETTING:

INTERFERENCE

- Proactive Interference (PI) → Old information interferes with new (e.g., many student names in past years makes recalling current names harder).
- Retroactive Interference (RI) → New information disrupts old (e.g., learning many new student names makes recalling past students' names harder).
- Müller & Pilzecker (1900) → RI was worse when an intervening task was given between learning and recall.
- Effect of Similarity → Interference is stronger when memories are similar.
- McGeoch & McDonald (1931) → Participants learned word lists; those with synonyms showed the most forgetting, supporting interference over decay.

A03:

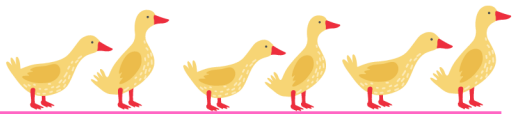
- Artificial research: Interference studies use word lists, lacking real-world relevance, so findings may not apply to everyday memory.
- Limited explanation: Interference needs similar memories, which is rare; Baddeley & Hitch (1977) found rugby players' recall of team names was affected, but this was an unusual case, suggesting retrieval failure may explain forgetting better.
- Memories aren't erased but temporarily inaccessible; Ceraso (1967) found recall improved after 24 hours, showing interference effects fade over time.
- Real-world use: Danaher et al. (2008) found competing adverts impaired recall, but repeating ads in one day reduced interference.

ANIMAL STUDIES: LORENZ

- Imprinting → Lorenz (1935) split goose eggs into two groups: one hatched naturally with their mother, the other in an incubator where they first saw Lorenz. The incubator group followed Lorenz, while the control group followed their mother.
- Critical period → Must occur within hours after birth; otherwise, no attachment forms. Imprinting is irreversible.
- Sexual imprinting → A peacock raised with tortoises later courted tortoises, showing imprinting affects mate preferences.

A03:

- Regolin & Vallortigara (1995) found chicks imprinted on moving shape combinations, supporting Lorenz's idea of an innate imprinting mechanism. Guiton (1966) showed chickens imprinted on rubber gloves, confirming imprinting occurs in a critical window.
- Criticism → Guiton later reversed imprinting, suggesting it's flexible, not irreversible.
- Generalisability → Mammalian attachment is more complex and emotional, limiting Lorenz's findings to humans.



EXPLANATIONS: LEARNING THEORY

- Classical conditioning → Food (UCS) produces pleasure (UCR) → Caregiver (NS) becomes associated with food → Becomes a conditioned stimulus (CS) producing pleasure (CR) → Attachment forms ('mother love').
- Operant conditioning → Baby cries → Rewarded with comfort (positive reinforcement) → Caregiver soothed when crying stops (negative reinforcement) → Mutual reinforcement strengthens attachment.



ANIMAL STUDIES: HARLOW

- Contact Comfort → Harlow (1958) reared 16 monkeys with wire 'mothers' (cloth-covered vs. plain-wire) → All preferred the cloth mother, showing comfort > food for attachment.
- Maternal Deprivation → Wire-only monkeys grew aggressive, fearful, and struggled with mating/parenting → Some attacked their offspring.
- Critical Period → Attachment must form within 90 days → After this, even cloth mothers are irreversible.
- Recovery → Social interaction with three monkeys helped deprived monkeys recover.

A03:

- Generalisability to humans → Rhesus monkeys are more similar to humans than Lorenz's birds, but human attachment is still more complex, limiting generalisation.
- Issues in surrogate design (e.g. head shape) may affect attachment, reducing validity.
- Harlow's work helps social scientists identify child risk factors (e.g. neglect) to inform better parenting and rearing programs.

ATTACHMENT THEORY

- Food theory → Harlow's monkeys show that comfort mattered more; human studies support caregiver sensitivity over feeding. Lorenz's birds imprinted on the first object.
- Bowlby's theory → Bowlby (1964) found infants imprinted on the most responsive caregiver, not the one who fed them (Bella et al. 1952). Imprinting linked synchronously to caregiver availability, not food.
- Explains why attachments form and their benefits (e.g., protection), unlike learning theory.



EXPLANATIONS: BOWLBY'S THEORY

- Monotropy → Bowlby (1958, 1969) argued infants form one key attachment (primary figure), usually the mother. Continuity of care: consistent care = better attachment → Latency: accumulated separation: prolonged separation = negative effects.
- Social releasers & critical periods → Smiling (smiling) trigger caregiving (first 6 months, 1-2 years): failure to attach = developmental disabilities.
- Internal working model → First attachment forms mental template for future relationships. Secure attachment = trust, poor attachment = relationship difficulties.

A03:

- Monotropy challenged → Dagan et al. (2018) large body of research shows babies form multiple attachments, and the overall quality of all these relationships predicts later development better than any one caregiver.
- Social releasers support → Bowlby (1971) cold caregivers were less responsive → infants became distressed, showing their importance.
- Internal working model → Bailey et al. (2007) found mothers with poor attachment to their own mothers had poorly attached babies, supporting attachment patterns passing down.
- Sensitive vs. critical period → Kibbe et al. found attachments could form outside the 'critical period' → led to the preferred term 'sensitive period.'
- Continuity hypothesis → Sroufe et al. (2005) found early attachment predicted later social competence, supporting Bowlby's link between early and later relationships.

ATTACHMENT THEORY: AINSWORTH'S STRANGE SITUATION (TYPES)

- Ainsworth & Bell (1970) used a controlled observation with 15 episodes to assess attachment via proximity-seeking, secure base, stranger/separation anxiety, and reunion response. Procedure → Caregiver & baby enter → Stranger interacts → Caregiver leaves → Reunion → Caregiver leaves again → Stranger returns → Final reunion.
- Secure Type B (60-75%) → Explore with a secure base → Moderate distress when caregiver leaves → Easily comforted on return.
- Insecure-avoidant Type A (20-25%) → Explore freely → Little distress when caregiver leaves → Avoid reunion contact.
- Insecure-resistant Type C (3%) → Clingy → High separation/stranger anxiety → Seek comfort but resist it on reunion.

A03:

- Madigan (2023) meta-analysis (285 studies, 20k+ pairs) → insecure attachment linked to later aggression + mental health problems; secure attachment linked to + outcomes.
- Developed in the US/UK, the test may not apply to other cultures. Takahashi (1990) found Japanese infants showed high separation anxiety due to cultural norms, not attachment differences.
- Incomplete → Main & Solomon (1990) identified a fourth type, insecure-disorganised, missing from Ainsworth's model.
- Main & Weston (1981) found that infants behaved differently depending on which parent was present, suggesting the Strange Situation may measure relationships rather than attachment type.

DEFINITION 1

DEVIATION FROM IDEAL MENTAL HEALTH =

Jahoda (1958) identified six criteria for ideal mental health: positive self-attitude, self-actualisation, integration (coping with stress), autonomy, accurate perception of reality, and mastery of the environment (relationships, work, problem-solving).

◆ Absence of these criteria = abnormality. The more missing, the more severe the mental disorder.

A03:

- Jahoda's criteria cover most reasons for seeking mental health help, making it a useful checklist for assessment.
- Unrealistic → Few meet all six criteria; hard to measure (e.g., personal growth).
- Cultural bias → Self-actualisation valued in individualist but not collectivist cultures.

DEFINITION 2

DEVIATION FROM SOCIAL/CULTURAL NORMS →

Abnormal if it violates social norms (implicit or explicit).

- Cultural Relativity → Norms vary across time/cultures (e.g., homosexuality once abnormal in the UK, still illegal in some countries).
- Implicit vs Explicit Norms → Implicit (e.g., politeness) → breaking may cause social rejection Explicit (e.g., disorderly conduct) → legally enforced.

A03:

- Real-world application → Used in psychiatry, e.g., antisocial personality disorder (recklessness, aggression, deceitfulness) + schizotypal personality disorder ('strange' thinking/behaviour).
- Context matters → Wearing little is normal on a beach but deviant at a formal event.

DEFINITION 3

FAILURE TO FUNCTION ADEQUATELY =

inability to cope with daily life (e.g., hygiene, work, relationships).

- Rosenhan & Seligman (1989):
- Ignores social norms (e.g., no eye contact)
- Experiences severe distress.
- Acts irrationally or dangerously.
- WHODAS measures functioning in self-care, social life, work.

A03:

- Threshold → Identifies when dysfunction is severe enough to be considered a disorder.
- Risk of → Non-stable → Lifestyle → Living → be → as

DEFINITION 4

STATISTICAL INFREQUENCY →

Defines abnormality based on rarity in the population.

Example: IQ & IDD → IQ is normally distributed → average = 100 → <2% score below → classified as abnormal → risk of intellectual disability (IDD). → orders → of → had a → in the → not → statistically significant.

A03:

- Real-world application → Use in clinical diagnosis (e.g., IQ < 70, Beck Depression Inventory: BDI > 15, IQ (130+) is uncommon desirable → rarity ≠ abnormality.
- Subjectivity of cut-off points → No clear distinction between normal/abnormal (e.g., sleep issues: some say <6 hours, others <5).

PHOBIAS

CHARACTERISTICS

- DSM-5 Types → Specific (spiders, heights) → Social (public speaking) → Agoraphobia (open/public spaces).
- Behavioural → Panic (crying, freezing) → Avoidance (avoiding stimulus, daily life disruption) → Endurance (enduring fear but staying).
- Emotional → Anxiety (high arousal, no relaxation) → Fear (intense, immediate) → Unreasonable Response (excessive vs actual threat).
- Cognitive → Selective Attention (fixation on stimulus) → Irrational Beliefs ("I must look smart") → Cognitive Distortions (stimulus as worse than reality).

DEPRESSION CHARACTERISTICS

- DSM-5 → Persistent (long-term) → Disruptive Mood Dysregulation (childhood) → Premenstrual Dysphoric (hormonal) → Behavioural → Low activity → Sleep → changes, weight gain, arm (verbal, physical).
- Emotional → mood (sad, empty) → Anger → aggression, self-harm) → Low self-loathing).
- Cognitive → poor focus (struggle to concentrate) → Negative bias (dwelling on bad things) → Black-and-white thinking.

OCD CHARACTERISTICS

- obsessions (thoughts) + compulsions (behaviours).
- Behavioural → Compulsions: Repetitive (e.g. handwashing), reduce anxiety. → Avoidance: Stay away from triggers (e.g. dirt).
- Emotional → Anxiety & distress: Obsessions = fear, compulsions = temporary relief. → Depression: Low mood, loss of enjoyment.
- Cognitive → Guilt & disgust: Directed at self/external. → Obsessive thoughts: Recurring, distressing (e.g. contamination). → Coping strategies: E.g. praying, can disrupt life.

BEHAVIOURAL EXPLANATIONS OF PHOBIAS

- Two-Process Model (Mowrer, 1960) → Phobias acquired via classical conditioning → maintained by operant conditioning.
- ▶ Classical conditioning (Watson & Rayner, 1920): 'Little Albert' study—White rat (NS) + loud noise (UCS) → fear (UCR). Rat becomes CS → fear (CR) generalises to similar objects.
- ▶ Operant conditioning: Avoidance → reinforces fear → prevents extinction, explaining why phobias persist.

A03:

- Supports exposure therapies → Preventing avoidance reduces anxiety and eliminates phobia (e.g., systematic desensitisation).
- Seligman (1971): Certain phobias (e.g., snakes) are innate, not learned → challenges two-process model.
- De Jongh et al. (2006): 73% with dental phobia had trauma → supports classical conditioning in phobia development.
- Sue et al. (1994) found some phobics recall a specific traumatic event, supporting classical conditioning in phobia development.
- Graham (2021) → phobics overestimated spider size vs controls → shows cognitive distortions influence phobias → behavioural (avoidance-only) explanation is incomplete.



LEARNING APPROACH 1: BEHAVIOURIST

- Behaviour learned via experience; ignores thoughts.
- Lab studies for control & objectivity.
- Classical Conditioning – Pavlov
- Learning via association (Pavlov, 1927).
- Dogs: bell (NS) + food (UCS) → salivation (UCR).
- After repetition: bell (CS) → salivation (CR).
- Operant conditioning (Skinner 1953):
- Learning via consequences → + Reinforcement (reward), - Reinforcement (remove unpleasant), Punishment (decrease behaviour)

A03:

- Well-controlled research → Lab studies (e.g., Skinner) remove extraneous variables → high scientific credibility.
- → Counterpoint: Oversimplifies learning, ignores cognitive/social factors.
- Real-world application → Used in therapy (e.g., SD for phobias, token economy in institutions) → practical value.
- Humans have free will, unlike Skinner's rats/pigeons → limits generalisability.
- Reductionist → Focuses only on conditioning, ignoring cognitive/emotional factors.

Pavlov's Dog



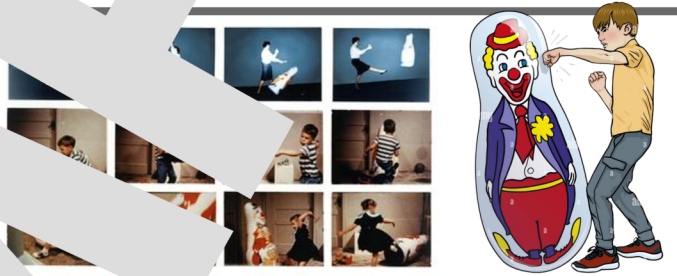
LEARNING APPROACH 2: SOCIAL LEARNING

learning via observation & imitation

- → Direct (reinforcement) → direct (vicarious reinforcement)
- → Mediational process → attention, retention, reproduction, motivation
- → Identification: → role model → similar traits
- Bandura et al. (1963) → Bobo doll experiment
- Procedure: Children → observed → aggressive/non-aggressive figures with a Bobo doll
- Findings: Aggressive figure → more aggressive behaviour; non-aggressive figure → little aggression
- Vicarious reinforcement → more imitative behaviour was rewarded

A03:

- SLT → learning better than behaviourism as it includes cognitive processes (attention, retention, motivation, reproduction)
- SLT overlooks biological factors → mirror neurons, explain cultural differences
- Bandura et al. (2006) → using relatable models and attention → persuasive—suggests SLT applies to marketing
- Arunranjan et al. (2018) → students identified more with advertising → heroic media characters ("wannabe effect").



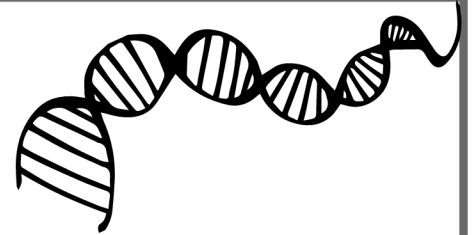
APPROACHES IN PSYCHOLOGY

BIOLOGICAL APPROACH

- Behaviour = biology (brain, genes, neurochemistry).
- Neurotransmitters → Low serotonin (OCD), high dopamine (schizophrenia).
- Genetics → Twin studies show high MZ concordance → genetic influence.
- Genotype vs. Phenotype → genotype → traits.
- Evolution → Natural selection → survival of the fittest.
- Cognitive Neuroscience → brain activity → cognition & disorders.

A03:

- Scientific methods → Biological approaches use scientific methods (e.g., fMRI, EEG) to study brain activity. These techniques enhance validity and reliability.
- Real-world application → Research on neurotransmitters has led to effective drug treatments for mental disorders (e.g., antidepressants for depression).
- Reductionist → criticised for oversimplifying behaviour to genes and chemicals, ignoring cognitive and emotional factors.
- Reductionist → criticised for reducing behaviour to genes/neurochemicals, ignoring cognitive, emotional, and environmental influences.
- Can lead to genetic discrimination → screening for criminal predisposition)



COGNITIVE APPROACH

- Internal Mental Processes → Studied via inference as they can't be observed. Mind = info processor (input → process → output). Models (e.g., WMM, MSM) represent information processing.
- Schemas → Mental frameworks for organising info help process info fast but can cause errors (e.g., stereotypes).
- Computer Model → Mind works like a computer (RAM = working memory, hard drive = LTM). Basis for AI.

A03:

- Uses lab studies for objective data + cognitive neuroscience for biological basis.
- Real-world app → Used in CBT, AI, eyewitness testimony → improves daily life.
- Machine reductionism → Compares mind to computer but ignores emotion/motivation (e.g., anxiety affects memory).
- Low ecological validity → Uses artificial tasks (e.g., word lists) → limits real-world application.

CORRELATIONS

- Measures relationships between continuous variables (shown on a scattergram).
- Types: Positive (+), Negative (-), Zero (no link).
- Strength: Correlation coefficient (-1 to +1); closer to ± 1 = stronger.

A03:

- Useful when IV can't be manipulated, but no causation.
- Intervening variables may explain findings.
- Validity issues (e.g., sample, operationalisation).
- Not always linear (e.g., curvilinear trends).

MATH SKILLS

- Fractions: $40/120 = 1/3$, Percentages: $5\% = 1/20$, Decimals: $0.05 = 5\%$.
- Ratios: 2:3 \rightarrow 20 Type A, 30 Type B (in 50).
- Estimation: Round to check accuracy.
- Significant Figures: $52.777\% \rightarrow 52.8\%$ (3 sf).
- Standard Form: Express large/small numbers using powers of 10 (e.g., 8.6×10^9).
- Symbols: \approx (approx.), $<$ (less), $>$ (more), \leq (equal), \propto (proportional)

PROBABILITY

- Test if results are due to chance (p-value). Significance means findings likely apply to the population.
- $p < 0.05$: Less than 5% chance results are random. $p < 0.01$: More stringent (e.g., drug testing).
- Errors: Type I (false positive, rejects true null), Type II (false negative, accepts false null).

QUANTITATIVE DATA DISTRIBUTIONS

- Graphs:
 - Bar Charts (discrete/nominal data).
 - Histograms (continuous data, bars touch).
 - Frequency Polygons (better for comparisons).
 - Line Graphs (continuous data, time series).
 - Scattergrams (correlations).
- Distributions:
 - Normal: Symmetrical, mean = median = mode, 68.26% within 1 SD.
 - Positive Skew: Few high scores pull mean $>$ median $>$ mode.
 - Negative Skew: Few low scores pull mean $<$ median $<$ mode.

PSYCHOLOGY & ECONOMIC PSYCHOLOGY

- Behavioural Economics: Studies cognitive, emotional factors in decision making.
- Irrational Thinking (Kahneman):
 - Availability Heuristic: Overestimate events based on media.
 - Framing Effect: Choices depend on gain/loss framing.
- Applications: Tax, budgets, policy, juries.

A03:

- Social Influence: Can lead to harmful behaviours (e.g., smoking).
- Memory Recall: Improves eye-witness accuracy.
- Attachment: Changes behaviour.

NON-PARAMETRIC TESTS

- Wilcoxon (Related): Ordinal+ data, related conditions, difference hypothesis, compare U values.
- Mann-Whitney (Unrelated): Ordinal+ data, independent groups, difference hypothesis, compare U values.
- Tip: Wilcoxon = Related (Mr & Mrs), Mann-Whitney = Unrelated (Mr & Ms).

SELF-REPORT TECHNIQUES

- Questionnaires: Predetermined questions, collect quantitative (stats) or qualitative (experiences) data.
- Structured Interviews: Set questions, no deviation.
- Unstructured Interviews: Flexible, adapts to responses.

A03:

- Validity Issue: Responses may be unclear or biased (social desirability).
- Bias: Questionnaires may lack representativeness; interviews risk interviewer bias.
- Analysis: Structured = easy to analyse; unstructured = richer data but harder to process.

OTHER RESEARCH METHODS

- Mixed Methods: Combines observation, interviews, experiments.
- Systematic Review: Uses databases to find studies.
- Meta-Analysis: Analyses effect size across studies for trends.

Other Methods:

- Longitudinal: Tracks changes over time.
- Cross-Sectional: Compares different groups at one point.
- Cross-Cultural: Compares behaviours across cultures.

A03:

- Meta-Analysis Strengths: Summarises multiple studies, increases validity.
- Limitation: Study design, publication bias, comparability.

CENTRAL TENDENCY AND DISPERSION

- Central Tendency: Mean (sensitive), Median (ignores extremes), Mode (most common).
- Dispersion: Range (max-min), SD (spread from mean).

- Measures of Central Tendency: Mean, Median, Mode.
- Measures of Dispersion: Range, Standard Deviation (SD).
- Measures of Spread: Range, Standard Deviation (SD).
- Measures of Shape: Skewness, Kurtosis.

INTERVAL DATA

- Tests: Depends on design (independent, repeated, correlational).
- Measurement: Nominal, Ordinal, Interval.
- Parametric Tests: Require interval data, normal distribution, similar variances. More powerful than non-parametric.
- Usefulness: Compare calculated vs. critical value, considering $p < 0.05$, hypothesis type, sample size (N), degrees of freedom (df).

CHI-SQUARED TEST

- Tests difference/association in nominal, independent data.
- Uses contingency tables, compare χ^2 to critical value ($df = (rows - 1) \times (columns - 1)$).

JOURNALS

- Abstract: Study summary. Intro: Context. Method: Replication details. Results: Stats & themes. Discussion: Findings & applications. References: Sources.

SELF-REPORT DESIGN

- Closed Qs: Fixed responses (quantitative, easy analysis).
- Open Qs: Detailed responses (qualitative, hard analysis).
- Designs: Must be clear, recorded, avoid order effects.

- Closed Qs: Many answers, reducing validity.
- Open Qs: Detailed responses, brief responses.
- Designs: Must be clear, recorded, avoid order effects.

CASE STUDY DESIGN IN CONTENT ANALYSIS

- Case Studies: In-depth, longitudinal, uses multiple methods. (e.g., Phineas Gage, London Riots).
- Content Analysis: Systematic observation of text. (e.g., TV news, transforming qualitative data).

- Case Studies: Good data for rare cases, but low generalisation.
- Content Analysis: High ecological validity, but observer bias.



QUANTITATIVE DATA

- Quantitative: Numerical, from experiments/surveys.
- Qualitative: Descriptive, can be converted to numbers.
- Primary: First-hand data for a study.
- Secondary: Pre-existing data (e.g., gov stats).

- Quantitative: Easy analysis, but oversimplifies.
- Qualitative: Rich detail, but harder to analyse.
- Primary: High control, but costly/time-consuming.
- Secondary: Cheap/easy, but may lack validity.

SIGN TEST

- For paired/related data.
- State hypothesis (directional = one-tailed, non-directional = two-tailed).
- Assign signs (+/-) for score differences.
- Calculate S (less frequent sign).
- Compare S to the critical value for significance.

PEER REVIEW

- Ensures validity, originality, quality before publication.
- Process: Experts review \rightarrow Accept, revise, or reject.
- Prevents false data, allocates funding, assesses universities.

A03:

- Can still allow fraud (e.g., Burt's IQ study).
- Expert shortage risks bias or poor reviews.
- Publication bias favours positive results.
- False research stays public, influencing policy.

PARAMETRIC TESTS

- Related t-Test: Interval data, related conditions, difference hypothesis, uses $df = N - 1$, compare t values.
- Unrelated t-Test: Interval data, independent groups, difference hypothesis, assumes equal variances, uses $df = N_1 + N_2 - 2$, compare t values.

SPEARMAN'S RHO/PEARSON'S R

- Spearman's Rho: Ordinal data, related scores, tests correlation, compare rho values.
- Pearson's r: Interval data, related scores, tests correlation, uses $df = N - 2$, compare r values.

GENDER BIAS

- Gender Bias → The tendency to treat one gender differently in research.
- Alpha bias → Exaggerates gender differences, often devaluing one sex (e.g., Freud's (1905) theory suggests weaker female superego).
- Beta bias → Ignores/minimises differences between genders.
- Fight-or-flight response largely based on male research; later studies (Taylor et al., 2000) found females exhibit "tend-and-befriend."
- Androcentrism → Male-dominated research misinterprets female behaviour (e.g., PMS seen as a disorder rather than hormonal fluctuation).

A03:

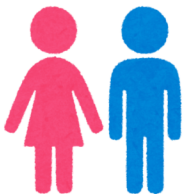
- Rosenthal (1966): Male experimenters were friendlier to females → Female participants performed better → Data collection may distort gender differences.
- Beta bias promotes equality but ignores biological differences (e.g., pregnancy) → Hare-Mustin & Marecek (1988): Gender differences should still be considered.
- Formanowicz et al. (2018) analysed 1000+ articles → gender-bias research less funded + published in lower-status journals.
- Women underrepresented in academia (Murphy et al., 2014) → Male-dominated research may disadvantage women.

CULTURAL BIAS

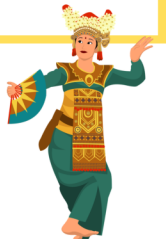
- Cultural bias → Judging others based on one's own culture.
- Henrich et al. (2010) → Found 68% of psychology research from US, mostly WEIRD (Western, Educated, Industrialised, Rich, Democratic) samples.
- Ethnocentrism → Viewing one's own culture as 'normal' and superior.
- Ainsworth & Bell (1970) Strange Situation → Defined secure attachment based on Western norms; Japanese infants being incorrectly labelled as insecure due to cultural differences in child-rearing (Takahashi et al., 2002).
- Cultural relativism → Behaviour is understood in context. / Etic approach → Assumes universal principles. Ainsworth → Etic approach → Recognises cultural differences.

A03:

- Many influential studies (e.g., Asch, Milgram) were culturally biased. Conformity higher in collectivist cultures found higher conformity than individualist cultures (e.g., Smith & Bond, 1993).
- Dov Cohen (1985) → cross-cultural psychology challenges ethnocentric assumptions (emic = inside culture) and universal principles.
- Henrich et al. (2010) → WEIRD studies were 4000x more likely to be studied than non-WEIRD. Emic = culture-specific findings / Etic = universal behaviour (Buss' country mate preference study).



ISSUES & DEBATES



FREE WILL & DETERMINISM

- Free Will → Humans make conscious choices despite biological/environmental influences (Mozart's genius).
- Determinism → Behaviour shaped by internal/external forces.
- Hard → All behaviour has a cause (fatalism).
- Soft (James, 1890) → Behaviour influenced but not determined by conscious decisions.

Types of Determinism

- Biological → Behaviour is controlled by genes, hormones, and the nervous system (e.g., stress response). Example: IGF2R gene linked to intelligence.
- Environmental (Skinner) → Behaviour shaped by conditioning.
- Psychic (Freud) → Behaviour influenced by unconscious conflicts and childhood experiences.
- Scientific Emphasis - Psychology has a causal link, using controlled experiments.

A03:

- Twin studies → 80% concordance for intelligence but only 40% for aggression, suggesting environmental influence.
- Determinism → an excuse for bad behaviour → Mobley (1981) → death sentence → 100% of death sentences.
- Libet et al. (1983) → brain activity predicted conscious movement decisions, but critics argue it shows "readiness to act" rather than a free will.
- Counterpoint to Libet → Awareness of decision occurring after brain activity does not mean decision wasn't made consciously; brain activity may reflect preparation.

NATURE VS NURTURE DEBATE

- Nature → Behaviour is hereditary (Descartes). Concordance studies estimate genetic influence (e.g., 40% for MZ twins vs. 7% for DZ twins in schizophrenia).
- Nurture → Empiricists (Locke) argued we are born a blank slate. Behaviourists suggest classical/operant conditioning shapes behaviour.
- Interactionist Approach → Behaviour results from genes (nature) and environment (nurture). Bowlby (1958) linked attachment to parental care, while Kagan (1984) argued temperament also plays a role.
- Diathesis-Stress Model → Genetic vulnerability (diathesis) triggers disorders only with environmental stressors (e.g., OCD may require life experiences to develop).
- Epigenetics → Environmental factors (e.g., trauma, diet) can alter gene expression, passing changes to future generations.

A03:

- Adoption studies → Meta-analysis (Rhee & Waldman, 2002) found 41% of variance in aggression was genetic / Shows how nature and nurture can be separated.
- Epigenetics → WWII Dutch Hunger Winter: famine led to low birth weight babies, who later had higher schizophrenia rates (Susser & Shang Lin, 1992) / Shows how environment can influence gene expression across generations.
- Diathesis-stress model → Genes for schizophrenia only lead to disorder if triggered by environmental stressors / Supports the need to consider both biological and environmental factors.
- Neural plasticity → Maguire et al. (2000) found taxi drivers' hippocampi changed with experience / Blakemore & Cooper (1970) showed kittens' brains adapted to a restricted environment / Demonstrates nurture shaping nature.
- Interactionist approach → Phenylketonuria (PKU) is a genetic disorder, but a restricted diet can prevent brain damage / Supports nature and nurture interaction.
- Laura Ihde et al. (2024) → fat cells "remember" obesity via epigenetic changes, increasing weight regain after dieting → shows nature-nurture interaction has real-world relevance



GENDER



ROLE OF CHROMOSOMES & HORMONES

- 23rd pair = sex chromosomes → XX (female) | XY (male) → sperm (XY) determines sex → SRY gene (Y) triggers testes development (~6 weeks) → testes release testosterone | no SRY → ovaries develop (default pathway)
- All embryos start same (gonads + ducts) → testosterone present = male genitalia develop | absent = female internal organs develop
- Hormones act prenatally + at puberty →
- Testosterone (↑ XY) → male genitalia + brain masculinisation + puberty: deeper voice, facial hair, muscle ↑
- Oestrogen (↑ XX) → female secondary sex characteristics + menstrual cycle
- Oxytocin (↑ XX) → bonding + childbirth + breastfeeding

A03:

- Wang et al. (2000) → 227 hypogonadal men given testosterone for 180 days → ↑ muscle mass + libido + sexual function → shows testosterone has direct causal role in male development.
- CAIS → XY produce testosterone but body insensitive → develop female phenotype → shows hormones alone ≠ determine sex.
- Swyer syndrome / SRY deletion → XY develop ovaries + female characteristics → Y chromosome ≠ automatic male outcome.
- Phoenix et al. (1959) → early androgen exposure "organises" brain → long-term masculinisation → strong evidence for prenatal hormone effects.
- Hyde et al. (2019) → brain differences often small/overlapping ("brain mosaic") + environmental factors influence development: biological explanation may be reductionist.

GENDER IDENTITY & BINARY

- Gender identity → personal sense of gender ≠ biological sex → shaped by social norms + roles
- Binary gender identity → male/female (masculinity & femininity) → types (e.g. androgynous, gentle)
- Non-binary → identity ≠ exclusively male/female → neither / outside binary → varied pronouns (they, she/he)
- Gender fluid → identity not fixed → may change over time or context → flexible expression

Ben Sex Inventory (BSRI)

- Ben Sex Inventory (BSRI) = psychological health → introduced androgyny (high M + high F)
- BSRI → 60 traits (30 M + 30 F) → neutral) → individuals rated on a scale of 1-5 (1 = low M, low F; 5 = high M, high F)

A03:

- BSRI ahead of time → challenged strict gender binary → androgyny (high M + high F) → influenced modern, more fluid view of gender identity.
- BSRI reliability → piloted on 900+ students → traits broadly described → follow-up showed test-retest reliability → scientific credibility.
- Cultural / test based on 1970s US stereotypes → masculine/feminine traits change over time + across cultures → may lack general validity.
- Gender hypothesis (Hyde, 2005) → 46 meta-analyses → most differences small/overlapping → challenges strict binary view of gender traits → supports spectrum model.
- Socialisation evidence (SLT) → 412 Italian children → widespread adherence to gender stereotypes → shows binary roles reinforced by culture → gender not purely biological.

DIVERSITY IN SEX

Androgen Insensitivity Syndrome (AIS)

- XY + androgen receptor mutation → testosterone present but body cannot respond →
- CAIS → female external genitalia, undescended testes, no uterus/ovaries
- PAIS → mixed / ambiguous genitalia
- shows sex development depends on hormone sensitivity, not just chromosomes.

Klinefelter's Syndrome (XXY, ~1 in 600 males)

- Physical → ↓ testosterone → infertility, less muscle, broader hips, breast tissue (gynaecomastia),
- Psychological → language difficulties, low confidence, memory & problem-solving

Turner's Syndrome (XO, ~1 in 2000 females)

- Physical → underdeveloped ovaries → no periods (amenorrhoea) → infertile, short, webbed neck, low chest
- Psychological → good verbal skills, social difficulties

A03:

- DSD research → contributes to nature debate → e.g. TS girls show higher verbal ability → differences may influence behaviour → social treatment may also shape outcomes → biology alone.
- Sampling issue → DSD cases mild/undisclosed → research often based on severe cases → psychology findings may be exaggerated (e.g. et al.) → limits validity of conclusions.
- CAIS brain evidence (Hamann et al.) → CAIS show brain activation patterns → supports hormones influence brain development → chromosome
- Ethical / social → historical surgeries (Money; David Reimer case), challenged → shift towards autonomy + informed consent → shows biological development has major social + legal impact (challenge binary).

BIOLOGICAL EXPLANATIONS OF GENDER DEVELOPMENT

- Biological view → sex + gender closely aligned → chromosomes + hormones shape physical + psychological traits → masculinity/femininity largely innate.
- Chromosomes → XX (female), XY (male) → influence not just physical traits but behaviour (e.g. KS, TS linked to social/cognitive differences).
- Hormones influence behaviour:
 - Testosterone (↑ males) → competitiveness, aggression, risk-taking → prenatal exposure linked to more 'masculine' play + interests.
 - Oestrogen (↑ females) → mood regulation, empathy, nurturing → menstrual cycle fluctuations affect emotion + social interaction.
 - Oxytocin → bonding + emotional connection → higher in females → linked to stress response differences + caregiving behaviour.

A03:

- Money & Reimer → David Reimer raised female after surgery but later reverted to male identity → Reiner & Gearhart (2004): 8/14 reassigned XY males later identified as male → suggests biological factors strongly influence gender identity over socialisation.
- Girls with CAH (↑ prenatal androgens) show more masculinised play + behaviour and sometimes ambiguous identity → supports role of prenatal hormones in shaping gender development.
- Dabbs et al. (1987) → ↑ salivary testosterone linked to violent crime; Van Goozen et al. (1995) → hormone therapy changed aggression in trans individuals → shows hormones can modulate gender-related behaviour (plasticity).
- Hyde (2005) + Elliot (2021) → most sex differences small/overlapping; brain differences often trivial → challenges idea of strictly dimorphic "male vs female" brains.
- Evidence for oestrogen/oxytocin often modest or based on animal studies → behaviour heavily shaped by culture/socialisation → hormones alone may be reductionist explanation.

SELMAN'S LEVELS OF PERSPECTIVE-TAKING

- Stage 0 (3–6 yrs) Egocentric → Struggles to see others' perspectives.
- Stage 1 (6–8 yrs) Social-Informational → Aware of different perspectives but assumes it's due to lack of knowledge.
- Stage 2 (8–10 yrs) Self-Reflective → Can put themselves in someone else's position but only one perspective at a time.
- Stage 3 (10–12 yrs) Mutual → Can consider two viewpoints at once & imagine how a third person sees the situation.
- Stage 4 (12–15+ yrs) Societal → Decisions consider wider social conventions & values.

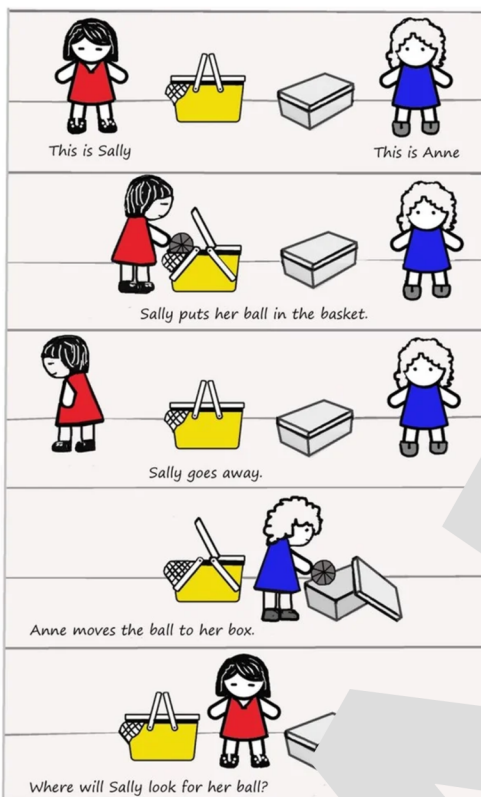
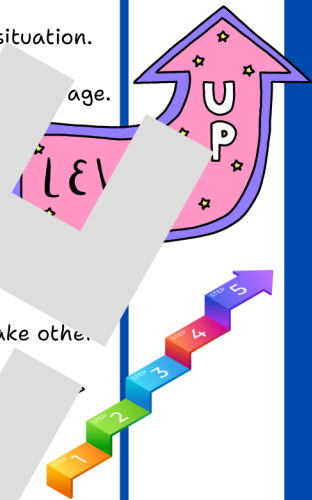
Research Support → Selman (1971) tested children using dilemmas → Found perspective-taking ability develops with age.

Further Developments:

- Interpersonal Understanding → Recognising others' thoughts.
- Interpersonal Negotiation → Resolving conflict & maintaining relationships.
- Social Awareness → Understanding society's role in behaviour.

A03:

- Selman (1971) → Perspective-taking correlates with age → Longitudinal studies (Gurucharri & Selman, 1992) show this over time.
- Role of Experience → Fitzgerald & White (2003) → Children improved when parents encouraged them to take other perspectives → Shows social experience influences development.
- Correlation, Not Causation → Popular children may develop better perspective-taking skills only by interacting with others → Direction of causation unclear.
- Real-World Applications → Used in social skills training (e.g., for criminals) → Encourages understanding & reduces reoffending.



SOCIAL COGNITION: THEORY OF MIND

- Ability to understand others hold different thoughts, beliefs & emotions.
- False Belief Test (3–4) → Children understand that others can hold incorrect beliefs.
- Maxi Task (Wimmer & Aspinwall, 1981) → Maxi leaves chocolate in a blue cupboard → Mum moves it to green → 3-year-olds fail (think Maxi knows), 4-year-olds pass (know Maxi will check blue).
- Sally-Anne Test (Baron-Cohen, 1985) → Sally puts marble in a basket → Anne moves it to a box → 4-year-olds pass, only 20% of autistic children do.
- Suggests social skills are not innate.
- Eyes Test (Baron-Cohen, 1997) → Tests advanced ToM in adults by judging emotions from eye expressions.

A03:

- False belief tasks → Require memory & visual skills, not just ToM. Children may fail due to lack of ToM.
- Sally-Anne test may measure switching perspectives, not just ToM.
- Social experience & exposure to diverse environments develops earlier in children with large families, suggesting social influence.
- Haker et al. (2023) → low internal reliability (identifying one emotion ≠ others) + validity issues (complex emotions, no clear correct answers) → questions use of Eyes Test as ToM measure.
- Baron-Cohen's research focused on Western cultures; other societies may not see lack of social interaction as an issue.

THE MIRROR NEURON THEORY

- Rizzolatti et al. (2002) found mirror neurons in macaque monkey's motor cortex when observing an action being performed.
- Understanding Intentions → MNs fire not just when we see actions but when we interpret intentions, desire & Goldman-Rakic (1985) theory.
- Perspective-taking & ToM → MNs in theory of mind (ToM) and social skills → understanding others' perspectives.
- Human evolution → Ramachandran (2000) argues MNs were vital in social evolution, enabling complex social roles.
- Autism → Deficits in MNs may explain autism (Ramachandran & Oberman, 2006); autistic individuals struggle with imitation, empathy, and social understanding.
- Language acquisition → MNs express Broca's area, involved in speech production, suggesting a role in language learning.
- Uniquely human? → MNs may explain the success of human social interactions (Ramachandran, 2000). Bonobos also show self-recognition and intention understanding.

A03:

- Research Support → Haker et al. (2012) → Watching yawns activates mirror neurons → Supports role in empathy.
- Intentions → Iacoboni et al. (2005) → Inferior frontal gyrus active when understanding hand gestures → Mirror neurons may encode intentions.
- Hard to Research → Ethical issues prevent direct study in humans → Brain scans only show overall activity, not individual neuron function.
- Explaining Autism → Hadjikhani (2007) → Autistic individuals have a thinner pars opercularis (mirror neuron area) → May explain difficulties in perspective-taking.
- Evidence from Individual Neurons → Mukamel et al. (2010) → Found 'anti-mirror neurons' in epilepsy patients → Fire when acting but are inhibited when observing.
- Brain Damage Evidence → Tranel et al. (2003) → Premotor cortex damage → Patients could identify actions but not retrieve words for them.
- Gender Differences → Cheung et al. (2009) → Women show stronger mirror neuron activity than men → Suggests biological basis for social sensitivity.
- Parker (2022) reductionist (explains social cognition via brain activity only) → ignores cognitive, emotional + cultural factors → may oversimplify complex social behaviour.

DESCRIBING ADDICTION

Defining Addiction → More than just a habit → involves dependence, tolerance, and withdrawal.

- Physical Dependence → Body needs the drug to function normally → stopping leads to withdrawal symptoms (e.g., shaking, nausea).
- Psychological Dependence → Craving due to emotional/mental attachment → substance use becomes central to thoughts & behaviours.
- Tolerance → Repeated use leads to reduced effects → higher doses needed.
- Behavioural tolerance → Body compensates (e.g., alcoholics walking steadily despite intoxication).
- Cross-tolerance → Tolerance to one substance reduces sensitivity to another (e.g., alcohol & benzodiazepines).
- Withdrawal Syndrome → Stopping a drug leads to physical & psychological symptoms (e.g., anxiety, headaches, cravings).
- Acute stage → Strong withdrawal effects as the body adjusts. e.g. intense cravings
- Prolonged stage → Symptoms continue for months, even years, sensitive to cues associated with the substance

RISK FACTORS

- Genetic vulnerability → D2 receptor deficiency = low dopamine → CYP2A6 enzyme affects nicotine metabolism (Pianezza et al., 1998).
- Stress → Adverse childhood experiences (ACEs) increase vulnerability to addiction (Teicher, 2008) → Self-medication hypothesis (Robins et al., 1974) suggests individuals use substances to cope with trauma.
- Personality → Impulsivity, sensation-seeking → APD linked to addiction (Eysenck, 1997) → Addiction-prone personality predicts marijuana use (Barnes et al., 2005)
- Family influences → Social learning (Bandura, 1977) → Parental substance abuse increases risk (Biederman et al., 2000) → Parenting style affects resilience (Fletcher et al., 1995).
- Peers → Peer pressure increases adoption of risky behaviours (Tajfel & Turner) → Social networks often comprise individuals with similar habits (Eiser et al., 1991)

A03:

- Genetic vulnerability → Dopamine receptor D2 (Kendler et al., 2012) → higher levels associated with those with biological parents → supports genetic influence
- Stress → Correlation studies show link between stress & addiction but can't establish causation → stress may exacerbate stress as a result of addiction → vice versa.
- Personality → APD → impulsivity → violence are co-morbid (Bahlmann et al., 2008) → suggests personality disorders increase risk
- Family influences → Parental substance use linked to addiction (Madras et al., 2014) → social learning explanation.
- Peers → Peer pressure → social norms → corrects misperceptions → reduces risk → practical application → reduce risk → strategies.

NICOTINE: BRAIN NEUROCHEMISTRY

Nicotine & Dopamine → Nicotine binds to nicotinic acetylcholine receptors (nAChRs) in the VTA, triggering dopamine release in the NAC & prefrontal cortex → linked to pleasure & reinforcement (operant conditioning).
Desensitisation → Repeated nicotine use reduces nAChR activity → tolerance develops.

- Withdrawal → Dopamine drop causes irritability & cravings. First cigarette of the day is most pleasurable due to overnight receptor re-sensitisation.
- Neurotransmitters → Dopamine → addiction
- Glutamate → Dopamine, GABA ↓ dopamine → dopamine disrupts balance, dopamine levels high.
- MAO → blocks MAO, preventing breakdown & intensifying addiction

A03:

- McEvoy et al. (1995) → found that blocking dopamine transmission increased smoking in schizophrenic patients → supports dopamine's role in nicotine addiction.
- Watkins et al. (2000) → dopamine interacts with other systems (e.g., GABA, serotonin, opioids) → addiction is more complex than just dopamine.
- Hajek & Kobra (2022) meta-analysis → cravings triggered by environmental cues, predict relapse → DA levels return to normal after quitting → challenges purely neurochemical explanation (learning factors involved).
- D'Souza & Markou (2013) → blocking glutamate reduces dopamine release and nicotine intake → suggests targeting other neurotransmitters for treatment.

ADDICTION

NICOTINE: LEARNING THEORY

- Operant conditioning → Nicotine triggers dopamine release (mesolimbic pathway, nucleus accumbens) → positive reinforcement (euphoria) strengthens habit. Negative reinforcement → smoking relieves withdrawal (e.g., anxiety, agitation) → maintains addiction.
- Cue reactivity → Smoking stimuli (e.g., light, cigarette pack, pub environment) become secondary reinforcers through association with nicotine's pleasurable effects → triggers cravings and relapse.
- Classical conditioning → Neutral stimuli (e.g., cigarette smell) become conditioned stimuli, triggering dopamine release even without nicotine → explains relapse.
- Social learning theory → You learn from role models (e.g., parents, peers) → reinforced by rewards (e.g., stress relief, social approval).

A03:

- Levin et al. (2010) → rats learned to self-administer nicotine → lever pressing, increasing over time → supports role of operant conditioning in nicotine addiction.
- Carter & Tiffany (2002) → meta-analysis of 41 studies → chronic smokers show stronger conditioned physiological responses (e.g., heart rate increase) to cues → supports social learning theory.
- Lopez et al. (2008) → start smoking earlier, experience withdrawal sooner & struggle more to quit → suggests nicotine addiction differs between men & women.
- DiBlasio & Benda (1993) → peer influence in adolescent smoking → stronger ties to parents reduced smoking risk, while friendship with smokers increased it → supports social learning theory.

GAMBLING

- Operant conditioning → Reinforcement → others win → triggers dopamine release → positive reinforcement, triggering gambling
- Direct reinforcement → Gambling is positively reinforced by wins and excitement; negatively reinforced by escape from stress.
- Partial reinforcement → Wins are bets win, most lose. → partial reinforcement → behaviour resistant to extinction
- Variable reinforcement → Wins occur unpredictably → dopamine release → dopamine → pay after an average of 8 spins → not every 8th spin → most resistant to extinction.
- Sensitivity to cues → Gambling cues (e.g., flashing lights, sounds) become secondary reinforcers → trigger dopamine release → maintain addiction.
- Near miss effect → Losses that are 'close' to wins → reinforce gambling (Reid, 1986).
- Peak-end bias hypothesis → Early big wins increase later gambling as gamblers seek to repeat the 'peak experience' (Aasved, 2003).

A03:

- Dickerson (1979) → high-frequency gamblers placed bets closer to race start time, regardless of result → supports role of positive reinforcement in real-world gambling.
- Horsley et al. (2012) → high-frequency gamblers continued gambling even without reinforcement → supports role of partial reinforcement in persistent gambling.
- Many people gamble but don't develop addiction → suggests other factors (e.g., cognitive biases, personality) influence
- Sharpe (2002) → early big wins can lead to illusions of control over outcomes → overestimation of skill encourages persistent gambling.

FREE SPINS





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MR. ZEE'S RESOURCES