

2011-12 Year 2 – The Ultimate Psychology Revision Guide

Ok, so now you have arrived at the end of the psychology course, hopefully you found it interesting but you may be worried that when you come to sit the exam all you will remember is that there was something to do with a moon-walking bear. Do not fear this revision guide is just what you need!

Firstly, and perhaps most importantly, the exam questions have **not** been designed to catch you out or focus on obscure parts of the module that we covered only in passing. The focus will be on the fundamental concepts that we have covered in detail in the lectures. Therefore, you don't need to memorize every definition and diagram that was discussed in the lectures but I do expect you to be able to recall the main concepts. Which ones are the main ones? I can already hear you ask. The answer is look at the learning objectives and the notes in the handbook; they include what I consider to be the main models and concepts. However, to make life **even easier** for you, I have gone through all of this year's lectures, pulled out the key concepts, and put them in the appendix to this guide.

In the LRCS exam there will be **eight** Single Best Answer Questions (SBA), **one** Extended Matching Question (EMQ) and **one** Short Answer Question (SAQ) relating to the Psychology module.

Examples are as follows:

Single best answer questions

Which one of the following is **least** likely to lead to "social loafing"?

- a) The person believes that individual performance is not being monitored
- b) The task (goal) or the group has less value or meaning to the person
- c) The person has an internal locus of control
- d) The person expects that other group members will display high effort

The answer, of course, is (c)

Rosie is a young child and she happens to know that fish swim. One day at the zoo, Rosie sees a penguin swimming in a pool; she turns to her mother and says, "Look, the black-and-white fish is swimming!". The fact that Rosie calls the penguin a fish best illustrates:

- a) Conservation
- b) The process of assimilation
- c) Egocentric thinking
- d) A failure to understand object permanence
- e) The process of accommodation

The answer is, of course

Extended Matching Question (EMQ)

| | | | |
|----------|--------------------------|----------|-------------------|
| A | Episodic Memory | F | Flashbulb memory |
| B | Implicit Memory | G | Priming |
| C | Visual Spatial Sketchpad | H | Procedural memory |
| D | Long term memory | I | Phonological Loop |
| E | Associative Network | J | Sensory Memory |

For each scenario below, choose the **SINGLE** most appropriate answer from the list of options above. Each option may be used once, more than once, or not at all.

1. Memory for personal experiences
2. Activation of one concept in a network by another
3. A mental structure containing concepts represented by nodes
4. Contains more information than can be reported before the memory decays
5. Likely to occur for distinctive events that evoke strong emotional reactions

Short Answer Question (SAQ)

List 3 factors which have been identified as influencing whether a piece of information given to a patient in a clinic consultation will be recalled afterwards. (3 marks)

Any three of (1 mark each):

Overall amount of information

Order of presentation

Stressing importance

Specificity of information given

Mode of presentation verbal vs written

As we have discussed the key concepts and models in the lectures we have looked at some experimental studies which provide the evidence base for these. A question that many people have quite reasonably asked is “do we need to remember the details of these experiments?” As I have said in the lectures, the answer is “yes, but..”. One or two of the questions **MAY** relate to individual experiments that we have covered **BUT**, they will only be the main ones that we have gone into in detail, and questions about these studies will always have the **names of the authors** listed in the question rather than you being asked to give the names in your answer.

For instance:

Stanley Milgram’s (1965) study in which participants believed they were administering electric shocks to fellow participants demonstrated:

- a) The benefits of relaxation in coping with pain
- b) The bystander effect
- c) The Theory of Planned Behaviour
- d) The extent of obedience to authority
- e) The Gambler’s fallacy

(The answer is d, but I’m sure you realised that!)

Again for ease of reference, I have listed in the appendix, what I consider to be the most important experimental studies which I would expect you to remember the main gist of. I don’t expect you to remember the details of the methodology or measures used just, **in general terms, what the study was about and what the findings were**. For instance; Henry Beecher’s classic study compared reported pain of soldiers and civilians with similar severity and found the former reported less pain and requested fewer analgesics. This provides evidence that psychological factors such as meaning influence the perception of pain. That’s it; the rest is down to you I’m afraid! If you have any specific queries please email me (but obviously this is **not** as an alternative to you looking up things that you missed or didn’t follow in the lectures, you should start by looking in the recommended texts or by searching the web).

Good luck, not that you’ll need it of course!

Best wishes

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Appendix – Key concepts and studies

Autumn Term 2011

Pain

Key concepts

- Gate theory of pain (explanation)
- Measurement of pain – (3 components and how to measure each)
- The placebo effect definition, possible modes of action and influencing factors
- Differences between acute and chronic pain (to be able to list a few differences)

Key studies

Beecher (1956) Wound severity and pain

Anderson & Pennebaker (1980) Effect of expectancy of perception

Arntz et al (1991) Attention vs anxiety

Spring Term 2012

1a – Learning Theory

Key concepts

- Habituation and sensitization (just definition)
- Classical conditioning (definition & terminology)
- Operant conditioning (definition & terminology)
- Observational (social) learning
- Types of reinforcement & schedules of reinforcement.

Key studies:

Pavlov's Dogs

Watson & Raynor (1920) Little Albert Experiment

Bandura (1961) Bobo Doll Experiment

1b - Health beliefs and behaviour

Key concepts

- Definition of health behaviour
- Effect of education on health behaviour
- Effect of positive reinforcement and limitations
- Expectancy–Value model (basic idea)
- Definition of self-efficacy and sources of self-efficacy (need to know both)
- Health Belief Model (Need to know the components)
- Theory of Planned Behaviour (Need to know the components)

Key studies

Nutbeam et al (1993) Effect of smoking education in schools

Kegels et al (1978) Effect of positive reinforcement on health behaviour

Janis & Feshbach (1953) Effect of fear arousal (negative reinforcement)

2a - Perception and attention

Key concepts:

- Sensation and perception (just basic definitions)
- Bottom-up and top-down processing (what they mean)
- Different types of attention (couple of examples)
- Perceptual schemas (explain what they are)
- Humphreys & Riddoch's hierarchical model of object recognition (just the idea of what the different levels of processing are)
- Apperceptive and Associative Agnosia (which stage of object recognition process is impaired)
- Critical periods in perceptual development (just what this means)
- Cultural factors in perception (meaning and example)

2b - Perception of physical symptoms

Key concepts

- Factors affecting perception of physical symptoms (examples)
- Effect of labels on symptom perception (i.e. top-down processing)
- Leventhal's self-regulatory model (just the general idea)
- Illness representations – (Need to know the 5 components)

Key studies

Pennebaker (1981) Perception of heart rate
 Arntz et al (1991) Attention vs anxiety
 Ruble (1977) Effect of label on symptom perception

3a – Developmental psychology

Key concepts

- Nature vs Nurture (general idea)
- Temperament (general definition)
- Reciprocal socialization (what it means)
- Development of attachment (outline of the stages)
- Measurement of Attachment (Ainsworth's strange situation test)
- Piaget's model of cognitive development (basic outline of the stages)
- Accommodation vs Assimilation (need to understand definitions)

3b – Coping with treatment

Key concepts

- Transactional definition of stress (definition and application)
- Procedural and sensory information and the Dual process hypothesis (definitions)
- Effect of perceived control on distress
- Problem focussed and emotion focused coping (definition and examples)
- Individual differences in coping style (why they are important)
- Effect of social support
- Strategies for helping children cope with treatment
- Influence of parental behaviour

Key studies

Johnson (1973) Effect of information
 Auerbach (1983) Amount of information and distress
 Langer and Rodin (1976) Nursing home study (aka the flower power study)
 Thrash et al (1982) Traffic light study
 Martelli et al (1987) Problem focussed vs emotion focused coping

4a - Individual differences

Key concepts

Personality theories –Freud, Eysenck and Big Five (Basic outline only)
Attachment theory (Basic outline only)
Locus of control and self-efficacy (again) (just definitions)
Definition and limitations of IQ
Crystallized vs fluid intelligence (definitions and changes with age)
Genetic & environmental contributions to IQ (esp. correlations between IQ of sibs)
Baron Cohen's Empathizing/Systematizing Theory (basic outline)

4b - Coping with illness and disability

Key concepts

Transactional definition of Stress (definition and application)
Kublar-Ross's stage theory of adjustment (basic outline)
Lack of evidence for stages
5 Myths of coping with loss (Wortman & Silver 1989)
Moos' Crisis Theory of coping with serious illness and applications (basic outline not all detail)
Matching types of social support (general idea)
WHO Classification of Functioning (ICF), and how psychological factors can be integrated (only the general idea don't memorize)

Key studies

Bulman and Wortman (1982) Attribution of blame and adjustment
Pollard & Kennedy (2007) Long term follow up in spinal cord injury
Boyce & Wood (2011) Adjustment to disability related to pre-morbid personality

5a - Social Psychology

Key concepts

Attitudes and prejudice (definition & self fulfilling prophesy)
Conformity and influencing factors
Obedience and influencing factors
Social loafing and influencing factors
Group decision making esp: "Group think", definition and influencing factors
The bystander effect (5 steps in the process) and how to overcome it
Leadership styles (Kurt Lewin) (outline)

Key studies

Ringelman (1913) Tug of war study
Asch (1956) Conformity
Milgram (1974) Obedience
Darley & Latane (1968) – Bystander effect

5b – Clinical decision making

- Two systems of decision making (definition)
- Influence of extraneous factors on decision making
- Confirmatory bias (explanation)
- The sunk cost fallacy (explanation)
- The anchoring effect (explanation)
- Gamblers fallacy (explanation)
- Conditional probabilities and the use of Bayes' Theorem (what it is and when to use but you **don't** need to learn equation)
- The availability and representativeness heuristics (definitions)
- Strategies for improving clinical decision making

Key studies

Nisbett & Wilson (1977) Effect of extraneous factors on decision making
Slovic (1973) Confirmatory bias

7a – Memory and executive functioning

Key concepts

- Neural correlate of memory
- Stages of memory process (name and define each stage)
- Working memory (Baddeley Model)
- Types of long term memory (names and definitions)
- Associative networks (General gist)
- Schemas and memory encoding (explanation)
- Misinformation effect and eye witness testimony (Just the general gist)
- Strategies for enhancing memory (give some examples)
- Changes in cognitive functioning with age

Key studies

Bartlett (1932) War of the Ghosts

Loftus and Palmer (1974) Eyewitness testimony

7b – Understanding and recall of health care advice and adherence to treatment

Key concepts

- Definition, prevalence and consequences of non adherence to treatment regimes
- Main causes of non adherence
- Communication style – Szasz and Hollender Styles
- Matching communication style to situation
- Factors affecting recall of health care information
- Presentation factors affecting recall of information
- Effects of written information and importance of readability
- Ways of improving adherence to treatment

Key studies

Macintyre et al (2005) Agreement between patient and professional ratings of adherence

Ley & Spelman (1967) Amount of information and recall

Ley (1975) Effect of readability on adherence

8a - Psychobiology of disease

Key concepts

- Transactional definition of stress (yet again!)
- Psycho-physiological and behavioural pathways linking stress and disease (basic outline)
- Effect of stress on immune functioning (again basic outline only)
- Type A behaviour (including components) and relationship with cardiovascular health
- Placebo effect (again)
- Social support and health

Key studies

Friedman et al (1986) The recurrent coronary prevention project (RCCP)

Holt-Lunstad et al (2010) Social Relationships and Mortality Risk

8b Psychological Therapies

Key concepts

- Four major therapeutic orientations; psychoanalytic, behavioural, cognitive; and systemic (main characteristics only of each)
- Beck's schema theory of depression (components)

- Clark cognitive model of panic disorder (basic outline)
- Exposure therapy (and basis in learning theory)
- Comparison of medication and psychological therapy for depression and anxiety (esp recovery and relapse rates)
- Psychological therapies recommended in NICE guidelines (couple of examples)

Key studies

Eysenck (1952) Evaluating spontaneous recovery