11 – Social Psychology

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David Murphy
Psychology Module Leader
d.j.murphy@imperial.ac.uk

Learning objectives

1) Define Attitudes and discuss the relationship between attitudes and behaviour

2) Define prejudice and describe how prejudice is maintained

3) Define conformity and discuss the factors predicting conformity

4) Define Group Processes of Social Loafing, De-individuation, Group Polarization and Group Think.

5) Discuss the factors which predict helping behaviour including the "bystander effect"

6) Define "Leadership" and styles of leadership

7) Discuss characteristics of effective leadership

Social Thinking

➤ <u>Social Psychology:</u> the study of:

- *Social Thinking:* how we think about our social world

- *Social Influence:* how other people influence our behaviour

- *Social Relations:* how we relate toward other people

Attitudes and Prejudices

➤ **Attitude:** a positive or negative evaluative reaction toward a stimulus, such as a person, action, object, or concept

➤ Attitudes influence behaviour more strongly when situational factors that contradict our attitudes are weak

Prejudice

➤ **Stereotype** – Schemas about characteristics ascribed to a group of people based on qualities such as race, ethnicity, or gender.

➤ **Prejudice** – A negative prejudgement of a group and its individual members

➤ **Discrimination** – behaviours that follow from negative evaluations or attitudes towards members of particular groups

(See http://www.understandingprejudice.org)

Effect of prejudice on perception
Ickes et al (1982)

➤ Introduced pairs of college aged men to each other.
➤ Before introduction one of the pair was told that the other was "one of the unfriendliest people I've talked to lately".
➤ The two were then introduced and left alone for 5 minutes.
➤ Those in both conditions were friendly, in fact the pre-warned individuals went out of their way to be friendly and received warm responses.

Effect of prejudice (contd)

➤ However, after the encounter those who were prejudiced attributed their partner's warm responses to their own behaviour.

➤ They also reported more mistrust and dislike for the person and rated his behaviour as less friendly.

➤ Similar studies have found the effect of prejudiced information persist even when the participants were told it was randomly allocated.

Ringelman (1913) - Study of group effort
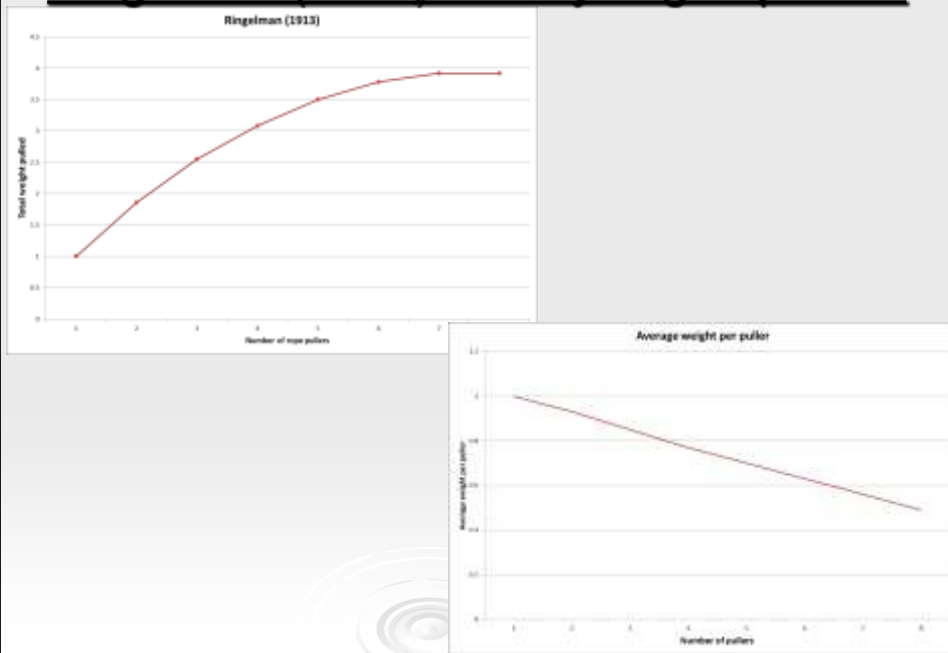
Social Loafing

➢ Definition - the tendency for people to expend less individual effort when working in a group than when working alone

Social loafing

More likely to occur when:

- The person believes that individual performance is not being monitored
- The task (goal) or the group has less value or meaning to the person
- The person generally displays low motivation to strive for success
- The person expects that other group members will display high effort

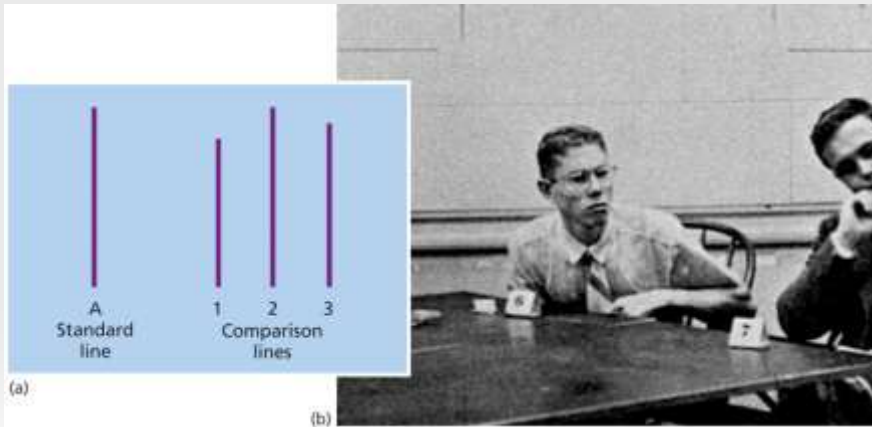Depends on gender and culture

- Occurs more strongly in all-male groups
- Occurs more often in individualistic cultures

Social loafing may disappear when:

- Individual performance is monitored
- Members highly value their group or the task goal

Conformity (Asch 1956)

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Conformity

> Factors that affect conformity:
- Group size:
  - Conformity increases as group size increases
  - No increases over five group members

- Presence of a dissenter:
  - One person disagreeing with the others greatly reduces group conformity

- Culture:
  Greater in collectivistic cultures

The Milgram Experiment (1974)

➤ One "learner", one "teacher" – told that experiment studied the effect of punishment on memory.

- Shock generator used to apply punishment
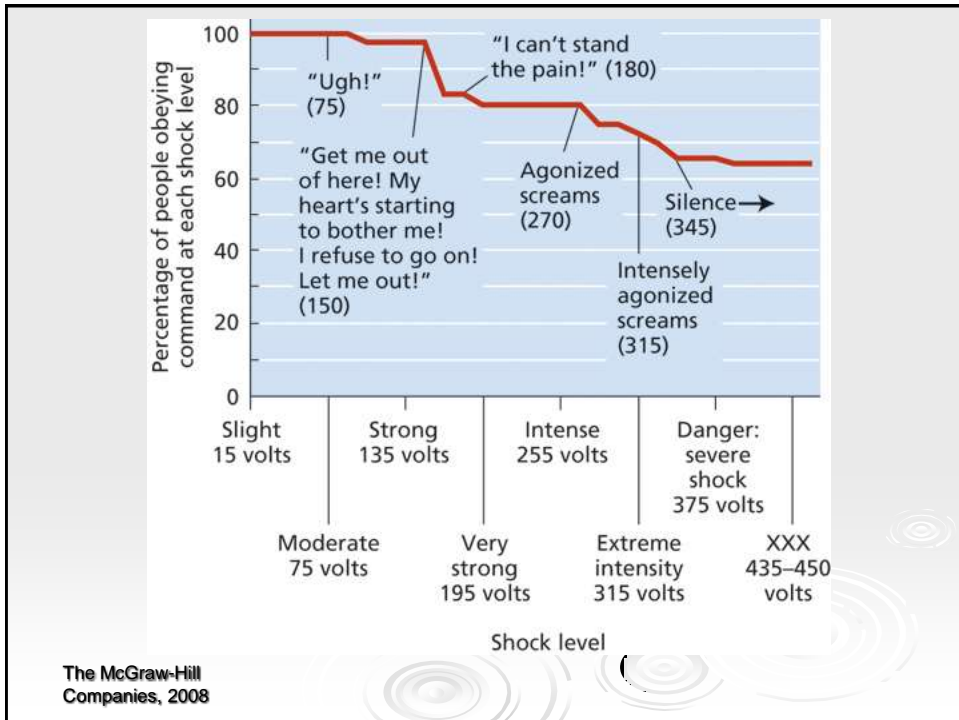
- Shocks grew increasingly intense with each mistake

Obedience

Obedience

➢ <u>Factors That Influence Obedience:</u>

- Remoteness of the victim
- Closeness and legitimacy of the authority figure
- Diffusion of responsibility: obedience increases when someone else does the dirty work
- <u>Not</u> personal characteristics

Group decision making

➤ **Groupthink** - the tendency of group members to suspend critical thinking because they are striving to seek agreement

➤ **Group polarization** is the tendency of people to make decisions that are more extreme when they are in a group as opposed to a decision made alone or independently

Symptoms of Groupthink

1) *Direct pressure* applied to people who express doubt

2) *Mind Guards:* people who prevent negative information from reaching the group

3) Members display *self-censorship* and withhold their doubts

4) An *illusion of unanimity* is created

Most likely to occur when a group:

- Is under high stress to reach a decision
- Is insulated from outside input
- Has a directive leader
- Has high cohesiveness

Factors in de-individuation

➢ Group size

(Mann 1981 studied incidents of individuals threatening to jump from a building and found that the onlookers only encouraged the person to jump when there was a large group)

➢ Physical anonymity

(Zimbardo 1970 found that found that when participants were wearing a mask they delivered electric shocks to helpless victims than when they were identifiable)

➢ Arousing and distracting activities

e.g. Chanting, dancing etc

Helping

> **The Bystander Effect:** presence of multiple bystanders inhibits each person's tendency to help

- Due to social comparison or diffusion of responsibility

5-Step Bystander Decision Process (Latané & Darley 1970)

1) Notice the event

2) Decide if the event is really an emergency
   Social comparison: look to see how others are responding

3) Assuming responsibility to intervene
   Diffusion of Responsibility: believing that someone else will help

4) Self-efficacy in dealing with the situation

5) Decision to help (based on cost-benefit analysis)

Darley & Latane Experiment

➤ Helping student having an epileptic seizure in an adjacent room.

➤ **87%** helped if they believed it was just them and the other student.

➤ But only **31%** helped when they believed they were in a group of 4 people, hardly anyone helped if group was above 4.

➤ If participant had not acted within first 3 minutes they never acted.

Increasing helping behaviour

Reducing restraints on helping

➤ Reduce ambiguity and increase responsibility

➤ Enhance guilt and concern for self image

Socialize altruism

➤ Teaching moral inclusion

➤ Modeling helping behaviour

➤ Attributing helpful behaviour to altruistic motives

➤ Education about barriers to helping

Doctors as leaders

> "It is not enough for a clinician to act as a practitioner in their own discipline. They must act as partners to their colleagues, accepting shared accountability for the service provided to their patients. They are also expected **to offer leadership** and to work with others to change systems when it is necessary for the benefit of patients."
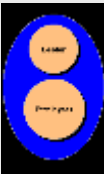
Tomorrow's Doctors, 2009

Leadership styles (Kurt Lewin)

> **Autocratic or authoritarian style**

Under the autocratic leadership style, all decision-making powers are centralized in the leader, as with dictator leaders. They do not entertain any suggestions or initiatives from subordinates.

> **Participative or democratic style**

The democratic leadership style favours decision-making by the group as shown, such as leader gives instruction after consulting the group. They can win the co-operation of their group and can motivate them effectively and positively.
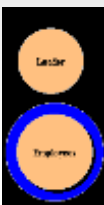
> **Laissez-faire or "free rein" style**

A free-rein leader does not lead, but leaves the group entirely to itself as shown; such a leader allows maximum freedom to subordinates, i.e., they are given a free hand in deciding their own policies and methods.

What makes a good leader?

Medical Leadership Competency Framework – 3rd Edition (2010)

<u>Leadership experiences during undergraduate training</u>

During their medical school training students will have access to relevant learning opportunities within a variety of situations including:

• peer interaction
• group learning
• clinical placements
• activities and responsibilities within the university
• involvement with charities, social groups and organisations.

All these situations can provide a medical student with the opportunity to develop experience of leadership, to develop their personal styles and abilities, and to understand how effective leadership will have an impact on the system and benefit patients as they move from learner to practitioner on graduating.

Medical Leadership Framework (2010)