Developmental Psychology – Weeks 1 & 2

Development Psychology Review Questions:

What broad scientific questions guide much development research?

1. Explore the five issues that guide developmental research

Nature and nurture: To what extent is our development the product of heredity (nature) and of environment (nurture)? How do nature and nurture interact?

Sensitive and critical periods: Are some experiences especially important at particular ages? A sensitive period is an optimal age range for certain experiences, but if those experiences occur at another time, normal development is still possible. A critical period is an age range during which certain experiences must occur for development to proceed normally or along a certain period.

Continuity versus discontinuity: Is development continuous and gradual, as when a sapling slowly grows into a tree, or is it discontinuous, progressing through qualitatively distinct stages, as when a creeping caterpillar emerges from its cocoon as a soaring butterfly? Can it be both continuous and discontinuous?

Stability versus change: How consistent are our characteristics as we age? Do extremely inhibited infants develop into extremely inhibited adults or do they become less shy over time?

Normative versus non-normative events: How do life events change us? Age-related normative events are those that most people experience at particular ages in the life span. Non-normative are atypical or unexpected, such as a natural disaster or the death of a child. They potentially alter a person's developmental trajectory.

2. Explain the different designs used to conduct development research

Cross-sectional designs involved observations of multiple variables (e.g., people) at one specific point in time. Supposing you wanted to study how intellectual abilities change from ages 10 to age 60, you would *compare people of different ages at the same point in time*. Within a short period of time, intellectual tasks could be administered to 10-, 20-, 30-, 40-, 50- and 60- year olds. Cross-sectional designs are widely used because data from many age groups can be collected relatively quickly, but a key drawback is that the different age groups, called *cohorts*, grew up in different historical periods. Thus, if 70-year-olds have poorer intellectual abilities than 30-year olds, is this due to ageing or to differences between the environments in which they grew up, for example, in nutrition or medical care?

Longitudinal designs avoid the problem of historical discrepancies (in cross-sectional designs) by making repeated observations of the same variables (e.g., people) over short or long periods of time. Using the aforementioned example, a longitudinal design would *repeatedly test the same cohort as it grows older*. A sample of 10-year olds could be tested now and then retested every 10 years, up to age 60, ensuring that everyone is exposed to the same historical timeframe. Unfortunately, a longitudinal design can be time-consuming, and as years pass, our sample may shrink as people move, drop out of the study or die. Also, it would be unclear whether lower intelligence at age 60 for example, would be due to ageing or to developmental experiences unique to a particular cohort.

Sequential designs are usually the answer to verifying whether changes in intelligence are due to ageing or developmental experiences unique to a particular cohort. They do this by *combining the cross-sectional and longitudinal approaches*. For example, you could test 10- through to 60-year-olds now, retest them every 10 years and then examine whether the various

| | Feelings (excitable) |
|--|-------------------------------------|
| | Values (unconventional) |
| Conscientiousness versus lack of direction | Competence (efficient) |
| | Order (organised) |
| | Dutifulness (not careless) |
| | Achievement striving (thorough) |
| | Self-discipline |
| Extraversion versus introversion | Gregariousness (sociable) |
| Extraversion versus introversion | Assertiveness (forceful) |
| | |
| | Activity (energetic) |
| | Excitement-seeking (adventurous) |
| | Positive emotions (enthusiastic) |
| | Warmth (outgoing) |
| Agreeableness versus antagonism | Trust (forgiving) |
| | Straightforwardness (not demanding) |
| | Altruism (warm) |
| | Compliance (not stubborn) |
| | Modesty (not show-off) |
| | Tender-mindedness (sympathetic) |
| Neuroticism versus emotional stability | Anxiety (tense) |
| | Angry hostility (irritable) |
| | Depression (not contented) |
| | Self-consciousness (shy) |
| | Impulsiveness (shy) |
| | Impulsiveness (moody) |
| | Vulnerability (not self-confident) |
| | |

Trait theorists not only try to describe the basic structure of personality but also attempt to predict real-life behaviour on the basis of a person's traits. Even if a few general traits such as the Big Five seem adequate to describe important features of personality, it is entirely possible that a larger number of specific traits such as Cattel's would capture nuances of behaviour within particular situations and would therefore be better for predictive purposes. Measures of the global Big Five factors seldom correlate above 0.20 to 0.30 with real-life behavioural outcomes. In recognition of this fact, the Five Factor Model now includes six subcategories,

Both genetic and neurochemical factors have been linked to depression.

Among adopted people who develop depression, biological relatives are about eight times more likely than adoptive relatives to also suffer from depression. What is likely to be inherited is a predisposition to develop a depressive disorder, given certain kinds of environmental factors such as significant losses and low social support.

Increasingly, biological research has focused on the possible role of brain chemistry in depression. One influential theory holds that depression is a disorder of motivation caused by underactivity in a family of neurotransmitters that include norepinephrine (noradrenaline), dopamine and serotonin. These transmitters play important roles in brain circuits that produce reward and pleasure. When neural transmission decreases in these brain regions, the result is the lack of pleasure and loss of motivation that characterise depression.

Bipolar disorder, in which depression alternates with less frequent periods of mania, has been studied primarily at the biological level because it appears to have a stronger genetic basis than does unipolar depression.

Psychological factors

Psychoanalysts Karl Abraham (1911) and Sigmund Freud (1957) believed that early traumatic losses or rejections create vulnerability for later depression by triggering a grieving and rage process that becomes part of the individual's personality. Subsequent losses and rejection reactivate the original loss and cause a reaction not only to the current event but also to the unresolved loss from the past.

According to Aaron Beck (1976), depressed people hold strong beliefs that they are defective, worthless and inadequate. They also believe that whatever happens to them is bad and that negative things will continue happening because of their personal defects. This **depressive cognitive triad** *involves negative thoughts concerning (1) the world, (2) oneself and (3) the future* that seem to pop into consciousness automatically, and many depressed people report that they cannot control or suppress the negative thoughts. Depressed people also tend to recall most of their failures and few of their successes, and they tend to focus much of their attention on their perceived inadequacies. Depressed people also detect pictures of sad faces at lower exposure times and remember them better than non-depressed people do, indicating a perceptual and memory sensitivity to negative elements, and they are more likely to recall memories of negative events.

According to research on self-enhancement tendencies, most people tend to take personal credit for the good outcomes in their lives and to blame their misfortunes on factors outside themselves, thereby maintaining and enhancing their self-esteem. However, depressed people do exactly the opposite: they exhibit a **depressive attributional pattern**, *attributing successes or other positive events to factors outside the self while attributing negative outcomes to personal factors*. Cognitive theorists believe that taking no credit for successes but blaming themselves for failures helps depressed people maintain low self-esteem and their belief that they are worthless failures.

Another prominent cognitive account of depression, **learned helplessness theory**, *holds that depression occurs when people* expect that bad events will occur and that there is nothing they can do to prevent them or cope with them. The depressive attributional pattern plays a central role in the learned helplessness model, but learned helplessness theorists take it a step further by specifying what the negative attributions for failures are like. They suggest that chronic and intense depression occurs as the result of negative attributions for failures that are personal or *internal* ('It's all *my* fault'), *stable* ('I'll always be this way') and *global* (I'm a total loser'). Thus, people who attribute negative events in their lives to factors such as low intelligence, physical repulsiveness or an unlovable personality tend to believe that their personal defects will render them helpless to avoid negative events in the future, and their sense of hopelessness places them at significantly greater risk for depression.

The behavioural perspective also has important things to say about depression. Peter Lewisohn and his colleagues (1985) believe that depression is usually triggered by a loss, by some other punishing event or by a drastic decrease in the amount of positive

the true reason for the emotional reaction. Rather, than young man's depression is caused by his irrational belief that 'because she doesn't want to be with me, I'm worthless and no one will ever want me'. If the young man does not want to feel depressed and rejected, this belief must be countered and replaced by a more rational interpretation. (For example, 'It would have been nice if she had accepted my invitation, but I don't need to turn it into a catastrophe. It doesn't mean other women will never care about me.')

Rational-emotive therapists introduce clients to commonly held irrational beliefs and then train them to hunt out the particular ideas that underlie their maladaptive emotional responses. In the behavioural aspect of rational-emotive therapy, clients are given homework assignments to help them analyse and change self-statements. They may be asked to place themselves in challenging situations and practice control over their emotions by using new self-statements. For example, a shy person might be required to go to a party and practice rational thoughts that counteract social anxiety. Ellis reports that he overcame his own fears of women's rejections by going to Central Park in New York, practicing anxiety-reducing self-statements and striking up conversations with more than 100 different women. He reports that he got only one date, but he overcame his anxiety without being assaulted or arrested. By learning and practicing cognitive coping responses, clients can eventually modify underlying belief systems in ways that enhance well-being.

Like Ellis, Aaron Beck was also originally trained as a psychoanalyst. He developed his own cognitive approach based on his initial observations of the many similarities in the thinking patterns of depressed patients. The goal of his cognitive approach is to point out errors of thinking and logic that underlie emotional disturbance and to help clients identify and reprogram their overlearned automatic thought patterns. in treating depressed clients, a first step is to help clients realise that their thoughts, and not the situation, cause their maladaptive emotional reactions. This sets the stage for identifying and changing the self-defeating thoughts.

Beck's contributions to understanding and treating depression have made his cognitive therapy a psychological treatment of choice for that disorder. In one study, cognitive therapy with booster sessions after depression decreased resulted in improvement maintenance in 97 percent of depressed clients, with non-recurrence of depression in 75 percent of them. Cognitive therapy has also been applied to the treatment of anxiety and personality disorders. Cognitive therapy is also being combined with other therapeutic techniques to form highly effective treatment packages for certain disorders.

Behaviour Therapies

In the 1960s, behavioural approaches emerged as a dramatic departure from the assumptions and methods that characterised psychoanalytic and humanistic therapies. The new practitioners of behaviour therapy denied the importance of inner dynamics. They insisted that (1) maladaptive behaviours are not merely symptoms of underlying problems; rather, they *are* the problem; (2) problem behaviours are learned in the same ways normal behaviours are; and (3) maladaptive behaviours can be unlearned by applying principles derived from research on classical conditioning, operant conditioning and modelling. Behaviourists demonstrated that these learning procedures could be applied effectively to change the behaviours of individuals with schizophrenia, to treat anxiety disorders and to modify many child and adult behaviour problems that until then seemed resistant to traditional therapy approaches, such as psychoanalysis.

Classical conditioning procedures have been used in two major ways. First, they have been used to reduce, or decondition, anxiety responses. Second, they have been used in attempts to condition aversive emotional responses to a particular class of stimuli, such as alcohol or inappropriate sexual objects. The most commonly used classical conditioning procedures are *exposure therapies*, *systematic desensitisation* and *aversion therapy*.

From a behavioural point of view, phobias and other fears partly result from classically conditioned emotional responses. The conditioning experience is assumed to involve a pairing of the phobic object (the neutral stimulus) with an aversive unconditioned stimulus (UCS). As a result, the phobic stimulus becomes a conditioned stimulus (CS) that elicits the conditioned response (CR)

attribution of the writer's perspective; they assumed the writer had written an essay that reflected their own opinion. In the second condition, the students were told the writer had no free choice; they were instructed which side to take in the essay. Thus, the classmates knew that the writer was not given a choice. Logically, the content of the essay reflects the situation to which the writer was assigned. After all, perhaps you are against Fidel Castro but were told to write an essay in favour of him, or vice versa. However, the study demonstrated that the content of the essay still influences perceptions of whether you support or oppose the issue. Similarly, people make the fundamental attribution error when – solely on the basis of actors' professional roles – they expect TV and movie stars to have the same personal traits as the characters they play.

Psychologists debate what causes the fundamental attribution error, but they agree that it's not inevitable. When people have time to reflect on their judgements or are highly motivated to be careful, the fundamental attribution error is reduced. Moreover, keep in mind that the fundamental attribution error applies to how we perceive other people's behaviour rather than our own. As comedian George Calin noted, the slow driver ahead of us is a 'moron' and the faster driver trying to pass us is a 'maniac'. Yet we don't think of ourselves as a moron or a maniac when we do these things, perhaps because we are more aware of situational factors (e.g. an unfamiliar road) impinging on us. After the Stanford prison study ended, guards who had treated prisoners cruelly were quick to attribute their behaviour to the role they been in rather than to their personal qualities.

Indeed, when it comes to explaining our own behaviour, we often make attributions that protect or enhance our self-esteem by displaying a **self-serving bias**, *the tendency to make personal attributions for successes and situational attributions for failures*. The strength of this bias, however, depends on many factors. For example, a meta-analysis of 266 studies by Amy Mezulis and her colleagues (2004) found that depressed individuals are much less likely than most people to display a self-serving bias. Indeed, depressed people often display the opposite pattern – taking too little credit for successes and too much credit for failures – which serves to keep them depressed.

3. Evaluate the factors that impact on the attributions we make about ourselves and others.

Culture influences how we perceive our social world. Consider the fundamental attribution error. Many studies suggest that the tendency to attribute other people's behaviour to personal factors reflects a Westernised emphasis on individualism. In one study, participants of varying ages from India and the United States attributed causality for other people's behaviour. With increasing age, Indians made more situational attributions, whereas Americans made more personal attributions. Culture also influences attributions for our own behaviour. Asians are less likely to display a self-serving attributional bias than are Westerners. Modesty, for example, is highly valued in China's collectivistic culture, and Chinese university students take less personal credit for successful social interactions and accept more responsibility for their failures than Western students do.

Beyond influencing the types of attributions we make, our cultural background also affects how we go about making attributions. Consider that East Asians tend to hold a more holistic view of the universe than Westerners. This view, reflected in the belief that all events are interconnected, leads East Asians to develop more complex views about the causes of behaviour. Accordingly, Incheol Choi and colleagues (2003) predicted and found that compared to Western university students, Korean university students scored higher on measures of holistic thinking and also took more information into account when making causal attributions for other people's behaviour.

4. Explain how and why we form and maintain impressions.

Try this exercise. Tell a few people that you know someone who is 'intelligent, industrious, impulsive, critical, stubborn and envious' and ask them how much they 'like' this person. Repeat the process with a few others, only describe the person as 'envious, stubborn, critical, impulsive, industrious and intelligent'. In a famous study, Solomon Asch (1946) found that the person in the first description is perceived more positively – as more sociable and happier – than the person in the second description, even though both groups received identical information but in reverse order.

When forming impressions, the **primacy effect** refers to our tendency to attach more importance to the initial information that we learn about a person. New information can change our opinion, but it has to 'work harder' for two reasons. First, we tend to be most alert to information we receive initially. Second, this initial information may shape how we perceive subsequent information.

People also display an *out-group homogeneity bias*. They generally views members of out-groups as being more similar to one another than members of in-groups are. In other words, we perceive that 'they are all alike' but recognise that 'we are diverse'. The mere fact that we identify people as 'Asian', 'Latino', 'black' and 'white' reflects such a bias because of each of these ethnic categories contains many subgroups. Out-group homogeneity biases even occur among gender groups. Adolescents rate othergender groups as more stereotypic, and therefore more similar to one another, than their own-gender groups. For example, females saw male groups of 'nerds', 'posers' and 'gangstas' to be more alike each other than the female groups 'prissy girls', 'preps' and 'tramps', who were seen as more distinctive from each other.

Categorisation and in-group biases enhance the tendency to judge other people based on their perceived group membership rather their individual characteristics. Whether at a conscious or unconscious level, category labels pertaining to people's race, gender and other attributes seem to activate stereotypes about them.

What happens when we encounter individual members of out-groups whose behaviour clearly contradicts our stereotypes? One possibility is that we may change our stereotype; but if we are motivated to hold on to our prejudiced belief, we may explain away discrepant behaviour in several ways. For example, the out-group member may be seen as an exceptional case or as having succeeded at a task not because of high ability but because of good luck, special advantage or some other situational factors.

Motivational roots of prejudice

According to **realistic conflict theory**, *competition for limited resources fosters prejudice*. In Western countries, hostility toward minority groups increases when economic conditions worsen. Originally, it was believed that a threat to one's personal welfare (as in the fear of losing one's job to a minority worker) was the prime motivator of prejudice, but research suggests that prejudice is triggered more strongly by a *perceived threat to one's in-group*. Among Caucasians, prejudice against non-Caucasians is not related to personal resource gains and losses but to the belief that Caucasian people as a group are in danger of being 'overtaken'. The results of studies of Australian prejudice against asylum seekers echo these same themes.

According to **social identity theory**, *prejudice stems from a need to enhance our self-esteem*. Self-esteem is based on two components: a personal identity and a group identity. By this logic, threat's to one's personal identity or one's group identity can bring about prejudice. In line with this, some experiments find that people express more prejudice after their self-esteem is threatened (e.g. receiving negative feedback about their abilities) and the opportunity to derogate others helps restore self-esteem. Likewise, threats to our in-group threaten our self-esteem and may prompt us to derogate the out-group that constitutes the threat. In particular, threats to the values, customs and ideals that compromise the social identity of an in-group can exacerbate prejudice. Research on Australian attitudes toward Muslims reveals that rejecting attitudes toward Muslims are characterised by the sense that Muslims pose a threat to the values, beliefs and customs of Australia.

How prejudice confirms itself

Self-fulfilling prophecies are one of the most invisible yet damaging ways of maintaining prejudiced beliefs. An experiment by Carl Word and his colleagues (1974) illustrates this point. The researchers began with the premise – supported by research at the time – that Anglo Americans held several negative stereotypes of African Americans. In the experiment, Anglo-American male university students interviewed Anglo-American and African-American high school students who were seeking admission into a special group. The university students used a fixed set of interview questions provided by the experimenter and, unknown to them, each applicant was an accomplice who had been trained to respond in a standard way to the questions. The findings indicated that these Anglo-American participants sat farther away, conducted shorter interviews and made more speech errors when the applicants were African American. In short, their behaviour was discriminatory.

But this is only half the picture. In a second experiment – a job interview simulation – Anglo-American male undergraduates served as *job applicants*. Through random assignment, they were treated either as the Anglo-American applicants had been treated in the first experiment or as the African-American applicants had been treated. Thus, for half the participants, the interviewer sat

and cultural psychologists study the ways that people are affected by the culture in which they live. This research tends to be qualitative in nature and grounded within the culture in question.

An **etic** *orientation is concerned with commonalities or differences across cultures*. Here, the emphasis is on comparing psychological characteristics between two or more nominal cultures. For example, perception has been studied cross-culturally, as have differences and similarities in mental illness, personality, parenting and many other facets of human life.

Cross-cultural psychology raises some important questions about the location of research, methodological choice, and interpretation of data and destination of results. It is also informative to examine the social, political and historical context in which such activities have been conducted.

9. Consider the cultural differences in communication and cultural differences across the world.

A shared system of communication is essential for a functioning society. Australia's insistence on English language proficiency among immigrants, for example, is indicative of the cultural importance placed on adjusting to an Australian way of life – not only with English as the national language, but for what and how it communicates about the requirements of Australian citizenship.

Communication involves more than just verbal language. Non-verbal cues are also an important component. Tone of voice and facial expressions convey meaning and add potential information about the message and the messenger. The same words can be changed dramatically by a change in the facial expression or vocal tone of the messenger and this too has been a site of crosscultural research interest and, similar examples of miscommunication and misunderstanding.

Giving someone the 'thumbs-up', for example, could seem to be a universal gesture, but in some countries this gesture can get you into serious problems. There are other common gestures where the meaning can differ across cultures.

The work of Paul Ekman indicates that while there are many common cross-cultural facial displays of emotion, there are also aspects of non-verbal communication that are local and specific. For example, Australians are familiar with nodding meaning 'yes' and shaking the head from side to side for 'no'. A Greek person may find this very confusing as a downward nod is interpreted as 'no' and upward nod as 'yes'. Nodding up and down would be seen as either yes or no (or both), depending on the cultural context one finds oneself in. Expressions of grief at the death of a friend or relative also exhibit cross-cultural variation. In Arabian and Iranian cultures, grief may be displayed loudly and openly. In Australia, displays of grief may be restrained by comparison and in some Asian cultures, even more so.

10. Evaluate the implications of working multiculturally on psychological practice and research.

The implications for professionals working with people from cultures different from their own can be quite profound. An example of the power distance between Australians and Asians can be seen on the campuses of our universities every day. For example, Singaporeans have quite high power distance compared to Australians. Australians are very used to addressing academic staff by their first names and with being quite informal with staff. Singaporeans are used to a much greater power distance and find it difficult not to be more deferential to the academic staff.

Another issue seen on campus is that many overseas students come from collectivist societies whereas Australians, by comparison, tend to be very individualistic. Our universities are set up with this value of individualism as fundamental to teaching practice. In most situations, student work is expected to be individual and discussion and working with other students is seen as collusion with the potential for plagiarism – a serious academic challenge. People from a more collectivist society are more familiar with working in ingroups and working together on problems and projects. As such, cultural adaptation may be required by students to satisfy and abide by university processes and expectations within the Australian cultural context. In our experience as academics, while offering assistance and support to all students is a characteristic of our practice, students unfamiliar with Australian custom and language ('oweryagoin?') or university academic culture may require us to focus at times on difficulties beyond the course material in order to bring about a rewarding academic experience. This has required and continues to require us