Introduction to Psychology- Psychology 101E Fall 2017

Lecture  T, TR  8:00-9:50 am  Rankin 301

Instructor  A. Derick Dalhouse, Ph.D  Office: Rankin 311
Phone: 701 371-0760  Office Hours: 10:00-11:00 am
E-mail: adalhouse@carrollu.edu

Course Materials/Textbook

Course Description
This is a four credit introductory course on the science of behavior and mental processes. Emphasis will be placed on the methods of inquiry and the following topics: perception and consciousness; learning, memory and thinking; biology and developmental processes; motivation and emotion; personality and individuality; social determinants of behavior, conflict, maladjustment and mental health. Students will also be introduced to the American Psychological Association (A.P.A.) writing style.

Social Sciences General Education Distribution Area
Students will learn theoretical and methodological approaches to the study of societal dynamics and use that knowledge to analyze contemporary social issues.

Course Objectives
Psychology is defined as the science of human and animal behavior. This is a broad field that covers a number of behaviors that could be viewed and investigated from several different perspectives. The objective of this course is to demonstrate the different perspectives by examining the findings of some of the major areas of psychology. It is impossible to thoroughly investigate each area in an introductory course, thus an effort will be made to cover the basics of each area. This course will also facilitate an understanding of how research is conducted and thus enable critical thinking about the things that are read.

Learning Outcomes
(1) Understand the methodologies used in the social sciences as well as their larger social context.
(2) Develop and defend a position that demonstrates logical reasoning both orally and in writing.
Demonstrate information fluency by gathering, analyzing, and synthesizing information using emerging technologies and traditional media.

Academic writing (learn the basics of APA format)

Critical thinking

Oral Communication

Understanding contemporary relevance

Introduction to the breadth of topics investigated by psychologists

**Empirical Research Articles**  (Learning outcomes 1, 4, & 5)  **100 points**

As an introduction to psychological research, 3 empirical research articles will be analyzed during the semester. An empirical research article is an article about an actual experiment that was published in a (peer reviewed) journal (contains introduction, method, result and discussion section). The journal article will be posted on the class LMS site. We will discuss and complete worksheets on, the various sections of each research article, in addition to writing a brief paper utilizing APA formatting.

**Psychological Perspectives Group Presentation** (learning outcomes 2, 3, 6, & 7)  **100 points**

Students will prepare and give 15 minute presentations in groups of three. Groups should have their presentations clearly organized and well practiced. Presentation grades will be based on organization and content. Presentations should have an introduction, middle and a concluding argument. Every one in your group should contribute equally to the preparation and presentation because each member will receive the same presentation grade. If any member complains about another member not pulling his/her weight, that person’s grade may drop. An individual’s grade may also be reduced if he/she is not observed to be contributing equally during the presentation. If there is sufficient evidence that an individual team member did not contribute at all to the preparation or presentation, his/her grade on the group presentation will be zero. Choose one CURRENT magazine article, newspaper article, advice column, comic, You Tube clip, home video, scene from a TV episode, movie or TV character, anything that you find psychologically relevant. Choose THREE different psychological perspectives (for example, behavioral, personality, neurological, cognitive, developmental, social, etc.) and interpret it from each of those perspectives. More detailed instructions about the group presentation requirements will be given.

**Class Participation**  (learning outcomes 2, 5, 6, & 8)  **200 points**

Attending lectures is required if you want to succeed in this class. You are responsible for announcements made during class including announcements about potential schedule changes. It is your responsibility to find out what went on in classes that you miss. Students will be called upon to answer questions on assigned readings and other course materials to earn class participation points. Answers will be graded on the spot and total points earned will constitute your course participation grade. In order to get credit for participation you will have a sign in front of you with your name on it (the material for name signs will be provided). If I
call on a student three times in a row and he/she is absent or has no answer, I will not call on that student again and he/she will lose the credit available for participation. The reason for this policy is that we do not want to waste the time of students who are present and prepared while calling the names and waiting on students who are not. The questions asked, can be reasonably answered by anyone who has read and understood the class assignments. You also have the opportunity to ask me questions about the course material and readings.

**Exams**  (learning outcomes 1 & 8)  **400 points**

During the semester, there will be four (4) exams to assess understanding of the concepts discussed in the course. The value of each exam will be 100 points. The exams may consist of multiple-choice, short answer, matching, and fill in the blank questions. Materials covered in the text and in lectures will be the basis of the exam questions. Exams must be taken on their scheduled days and at scheduled times. Make-up exams will **only be given if documentation of medical or valid emergency is provided.** Students are advised to inform the professor about their medical or valid emergency prior to the beginning of the exam if at all possible. The professor reserves the right to determine what is a valid reason for missing exams. Examples of **valid** reasons include: funerals (program must be provided), hospitalization (hospital bill or doctor’s note required), and doctor’s excuse (with doctor’s note). Examples of **invalid** reasons include, but are not limited to; sleeping in, missing the bus, illness without a doctor’s note, work obligations, family obligations, going on vacation, etc. Make up exams that are allowed may not be the same as the original exam.

**Research Participation**  (learning outcome 1)  **40 points**

All PSY 101 students are required to complete 60 minutes of experiment participation. This requirement is worth 5% of your grade in the course and includes a reflection on your experience participating in the research. An alternative assignment (a paper) will also be available for students electing not to participate in a research project. Further information about alternate assignments, including sign-up procedures, will be provided.

**Grading**

Final grades will be based on a total of 840 possible points.

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<tr>
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<td>781-840 (93%)</td>
<td>C</td>
<td>588-671 (70%)</td>
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<tr>
<td>AB</td>
<td>756-780 (90%)</td>
<td>D</td>
<td>504-587 (60%)</td>
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<td>B</td>
<td>697-755 (83%)</td>
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<td>BC</td>
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**Policy Statements**

**Modifications**
The instructor and the university reserve the right to modify, amend, or change the syllabus (course requirements, grading policy, etc.) as the Curriculum and/or program require(s).

**Academic Integrity**
The Carroll University Academic Integrity Policy is located in your student handbook. If a student violates this policy, the professor reserve the right to impose the most stringent sanction allowed by the college. Cheating is offensive as well as disrespectful of your fellow students, and there is zero tolerance for cheating in this class.

**Accommodations for Disabilities**

Students with documented disabilities who may need accommodations, or any student obtaining documentation should contact the Walter Young Center.

The Carroll University Writing Center, located in the Learning Commons, provides support for students during any stage of the writing process including brainstorming, developing and organizing ideas, and revising final drafts. Students can connect with a writing assistant by making an appointment on LCOOnline or during weekly drop-in hours.

**Schedule and Lecture Topics (subject to change)**

**Week 1:**
Sept. 7
Readings/Assignments
Introduction to class

**Week 2:**
Sept. 9,11
Ch. 1,2,3
History; Research Methodology

**Week 3:**
Sept. 16,18
Ch. 4,5
Biological Psychology; Evolutionary Psychology Heritability
Week 4:
Sept. 26  Test #1 (Ch. 1, 2, 3, 4, 5,)
Sept. 28, Behavioral Perspective: Classical Conditioning
   Ch. 6, 7  Operant Conditioning
Week 5:
Oct. 10, Oct. 12  Behavioral Treatment; Functional Analysis
   Ch. 25, 26  Token Economy
Week 6:
Oct. 19, 24  Social Learning Theory
   Ch. 8, 22  Cognitive-Behavioral
Week 7:
Oct. 26, 31  Motivation; Aggression; Catharsis
   Ch. 17
Week 8:
Nov. 2,  Test #2 (Ch. 6,7,25,26,8,22,17)
   Nov. 7  Memory
       Ch. 12, 13, 27
Week 9
Nov. 9,  Developmental Psychology
   Ch. 11  Self-esteem, Self-efficacy
Nov 14,
   Ch. 18,19, 23
Week 10:
Nov. 16,  Test #3 (Ch. 12,13,27,11,18,19,23)
   Nov. 21  Social Psychology
       Ch. 14,28
Week 11:
Nov. 28,  Social Psychology; Applied/Consumer Psychology; psychology Disorders
   Ch. 29,31,30, 24
Week 12:
Dec. 5  Health Psychology
   Ch.20
Week 13:
Dec. 7,  Group Presentations
Week 14: 
Dec. 12,  
Group Presentation  

Final exam date/time  
Test #4 (Ch. 14, 28, 29, 31, 30, 24, 20)  
Wednesday 12/20/2017, 8:00am
PSY 101 – Alternate Assignment – Research Participation

All PSY 101 students are required to complete 60 minutes (or 4 “research participation” credits) of experiment participation. As an alternative to participating in research (or in addition to incomplete research participation credits), each of the following paper assignments is worth 15 minutes (or 1 “research participation” credit) of experiment participation. You may complete up to four of the following to earn a total of 4 credits (or 60 minutes).

The following are descriptions of either real or realistic ethical stories of research projects involving human subjects as research participants. Read through each and complete questions listed at the end of each.

1 - The Tearoom Trade Study

From 1965 to 1968 Laud Humphreys, an ordained Episcopalian minister, conducted dissertation research on men who have impersonal sex with men (Humphreys, 1970). Without disclosing his role as a sociology researcher, Humphreys played the role of “watchqueen,” that is, he looked out for intruders while men performed oral sex on men in the public restrooms of parks in major metropolitan areas. Because he passed himself off as a voyeur – one who derives sexual gratification from observing the sex acts of others – he was permitted to watch acts that occurred in bathroom stalls without doors. Among other things, he gathered data on locations, the frequency of acts, the age of the men, the roles they played, and whether money changed hands.

He later disclosed his role to some men he had observed and interviewed them on their daily lives. In other cases, he recorded his subjects’ license plate numbers to track where they lived. A year later, after changing his hair and attire, he interviewed these same men in their homes under the guise of conducting an anonymous public health survey. Humphreys reported that he recognized the need to protect the confidentiality of his data. He never published anecdotes that included identifiers, and he protected his notes carefully. However, he was observing illegal behaviors and if his notes were subpoenaed he might have been arrested and imprisoned for refusing to hand them over. While he always assumed he would refuse to hand over the records, after later spending some time in jail (unrelated to the study), Humphreys questioned how long he might have withstood the pressure.

Among the positive outcomes Humphreys cites was dispelling myths that the men he studied were dangerous social deviants: he found that most were married to women and had children; only 14% were exclusively homosexual and identified themselves as gay. Many within the gay community welcomed his research and in some police districts it lead to decreased raids and sodomy arrests. Others were upset because they believed that his research findings – published in a paperback book – basically presented the average man with a “how to” manual, i.e., with information on how to obtain cheap impersonal sex with men.

If you were an institutional review board member at a university, would you approve this study? Why or why not?

How would you respond to the argument that there was no privacy violation because the actions of subjects were observed in public restrooms?
2 - Milgram’s Obedience Studies

In the early 1960’s, in response to a newspaper ad or a letter, forty men, aged 20 – 50 and representing various occupations came to the psychological laboratory of Yale University to take part in what they believed would be a study of memory and learning. They were paid $4.50 for their participation.

When they arrived, each was met by two other men – one pretending to be the experimenter and another pretending to be a subject. The subject was played by a 47-year-old accountant, “whom most observers found mild mannered and likable.” Stanley Milgram, the actual principal investigator, was positioned behind a one-way mirror observing events.

As a pretext for administering shock, the actual subjects were told that the research concerned the effect of punishment on learning. A rigged drawing of slips of paper from a hat always resulted in the naïve subject being the teacher and the accomplice (the pretend subject) being the learner or victim. The learner was then lead to an adjacent room where the experimenter strapped the learner into an apparatus that looked like an electric chair. The wires attached to the learner were said to be attached to a shock generator in the next room, and the experimenter said “although the shocks can be painful, they cause no permanent tissue damage.”

The false experiment involved learning a list of pairs of words. False answers by the learner were to be punished by administering a shock. The shock generator was a realistic-looking panel with 30 switches labeled with voltages ranging from 15 – 450, with sets of switches labeled as “slight shock, moderate shock, … extreme shock, … danger – severe shock, and XXX.” The “teachers” were told to punish incorrect responses starting with mild shock, but increasing the voltage with each wrong response. The 45-volt switch was used to give a mild shock to the “teacher” to convince him that the machine really did work. As the experiment proceeded, the learner gave about 3 wrong answers for every correct one. No sound was heard from the learner in the other room until the 300-volt level. Then the learner pounded on the wall, but his answer did not appear on the response panel. The experimenter told the teacher to treat “no response” as an incorrect response and to increase the voltage.

At this point many teacher-subjects were unwilling to continue, but the experimenter urged them to do so using a series of prods or encouraging phrases: (1) “please continue” for the first refusal to administer a shock; then (2) “the experiment requires that you continue,” for the next refusal, then (3) “it is absolutely essential that you continue” and finally, (4) “you have no other choice, you must go on.” If the teacher refused to continue after all four prods, the experiment was ended. The measure of obedience to authority was the level of the last shock given by the teacher. The major finding of the study was that, “of the 40 subjects, 26 obeyed the orders of the experimenter to the end, proceeding to punish the victim until they reached the most potent shock available on the shock generator.” Only 5 subjects stopped when the learner began pounding the wall at the 300-volt mark.

If this study were proposed today, would you grant it a “waiver of informed consent” in order to allow the use of deception, which is essential to its design? Why or why not?

3 - The Tuskegee Syphilis Study
The “Tuskegee Study of Untreated Syphilis in the Negro Male” was designed by an agency of the U.S. Public Health Service (PHS). It began in 1932 with what may have been reasonable motives. Treatments for syphilis in the early 20th century (primarily mercury and arsenic) often produced consequences worse than the natural course of the disease. The purpose of the syphilis study was to observe the natural course of untreated syphilis among black men. At the time, it was assumed that syphilis ran a different course among different races. Moreover, a recent study of whites with untreated syphilis conducted in Oslo claimed that in two out of three cases nothing adverse happens when syphilis is left untreated (Edgar, 1992). Dunn and Chadwick claim that PHS was a major force in promoting rural medical care, and they state that the study began from a genuine concern for minority health problems (McGuire Dunn & Chadwick, 1999). Others are not as charitable in evaluating even the origins of the study, but rather see evidence of racism and disrespect from the beginning (Brandt, 1978). For example, while current treatments were far from ideal, a documentary film, Deadly Deception, shows public health ads that promoted the use of current treatments as effective, and that they were commonly used by those who could afford them.

The study eventually enrolled over 400 black men with syphilis, and 200 black men as a control group. Subjects were not told the purpose of the study; they were told it was a study of “bad blood” (Jones, 1981) and that they would be given free medical care. This “care” involved physical exams, a detailed medical history, a spinal tap without anesthesia, and regular visits throughout the study to establish the sequela of syphilis. Eventually, it included autopsy. It did not include treatment either for syphilis or secondary problems including heart disease (Edgar, 1992).

By today’s standards the study fell short from the very beginning insofar as recruitment was deceptive and manipulative: trustworthy recruiters from the community were used, undue influence was exerted by offering significant incentives, and subjects were deceived about the actual purpose of the study. However, the most flagrant violations – those that put it on a par with other infamous instances of human rights abuses – occurred in the 1940’s when penicillin was developed and eventually became the accepted treatment for syphilis. Not only was penicillin not provided to the men, but secretly great efforts were made to ensure that they would not receive penicillin from other sources (Jones, 1993).

The study continued until 1972 when Peter Buxton, a public health official working for PHS, went to the press after complaining to officials at PHS with no effect. In July of 1972, the Washington Star and the New York Times ran front page stories on the study. While the Tuskegee syphilis study may have provoked initial outrage among the larger U.S. community, it did far more than that within the African-American community. It reinforced suspicions of the medical community, and its lasting legacy has been one of mistrust and reduced willingness to participate in medical research (Gamble, 1993; Jones, 1992).

Would you approve of a study designed just like the Tuskegee study – i.e., one that involved no treatment, just observation of the natural course of a disease – if participants gave genuinely informed consent?

Would it be better or worse if participants were compensated for participation?

4 - Differing Perceptions of Risks and Benefits

You are a researcher planning a non-therapeutic, exploratory study on young adults diagnosed with Tourette’s syndrome (TS) and their family members in order to investigate the impact of the disease on family functioning. You will conduct focus groups and in-depth interviews with individuals and family members and plan for the household to be the unit of analysis.
You plan to use this research to ultimately determine ways of helping families manage patients with TS by developing a family-based behavioral intervention program. Data will be used to seek funds to test the program using an experimental study design. In the IRB application and the participant consent form, which are both approved by your institution’s IRB, you list the following risks and benefits for participation:

- **benefits**: opportunity to learn more information about TS (for example, educational materials will be provided to all participating families); contribution to the knowledge base regarding the management of TS
- **risks**: potential psychological pain involved with discussing unpleasant or painful family memories, situations

As you begin to enroll individuals diagnosed with TS and their family members in the study, you discover that they express hopes of getting different benefits than those you had considered, including: “free counseling and social services,” “getting to know other families dealing with TS,” and “improved functioning” for the adolescent/young adult with TS. You begin to think that even though this is a nontherapeutic study, maybe because of the lack of research on TS, the families mistakenly believe the focus groups and interviews are group/family therapy and/or support groups. Several individuals and family members have also mentioned their eagerness to contribute to the search for the cause of and/or cure for TS. None have seemed concerned about the potential risks.

Given that participants seem to be misinterpreting the benefits of participation, can you continue the study?

If you decide to continue, what modifications can/should be made in order to better inform families about risks and benefits?

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5 - Hepatitis Studies at the Willowbrook State School for Children with Mental Retardation

Hepatitis studies were conducted at the Willowbrook State School for children with mental retardation from 1956 – 1971. Hepatitis was a major problem at Willowbrook. Given the unsanitary conditions that the children lived in, it was virtually inevitable that children would contract Hepatitis. This further added to stigmatization of the children, a good number of whom became carriers (and later were reintegrated into public schools). Dr. Saul Krugman, the principal investigator, proposed research that appeared promising in distinguishing between strains of Hepatitis and in developing a vaccine. However, his study design involved feeding children local strains of live Hepatitis – i.e., deliberately infecting them.

Krugman argued that the development of a vaccine would outweigh the anticipated minor harms to these children. He also argued that they were bound to be exposed to the same strains under the natural conditions; they would be admitted to a special well-staffed unit where they would be isolated from exposure to other infectious diseases; they were likely to have only a sub-clinical infection followed by immunity to the particular hepatitis virus; and only children with parents who gave informed consent would be included.

However, critics of the study thought the parental permission letter downplayed the fact that the children would be intentionally infected with Hepatitis. Moreover, due to crowding and long wait lists for admission to the school, at times the only available rooms for children were on the experimental wing, thus influencing the decision of some parents who did not have the resources to care for their children.
As an Institutional Research Board member, would you approve this study as designed? If not, why?

Would you request changes to the study or simply urge that it be abandoned?

6 - Withholding Study Purpose

Dr. Jones has received funding to develop and test an intervention to prevent child abuse among pregnant women in outpatient drug treatment programs. Many current and recovering substance-abusing women are at risk for abusing their children due to difficult life circumstances and lack of personal and financial resources needed to cope with the demands of a young child.

Prior research has identified economic and psychosocial factors associated with child maltreatment, including personal childhood experiences of maltreatment, poor mental and physical health, lack of social support, limited education, and limited knowledge of infant development. Yet, little research has been done to determine whether child abuse rates can be decreased through intervention programs with mothers being treated for substance abuse. Dr. Jones plans to use the Parenting Stress Index and test of knowledge of child development to identify mothers who are at risk of abusing their children. Those who are at risk would then be randomized to receive either to receive social work visits alone or the experimental intervention involving counseling, a brief education program on child development, and regular social work visits. After six months control group participants would receive the full experimental treatment. The social work visits would have two purposes: (1) to provide additional resources tailored to the participants’ needs, and (2) to look for signs of child abuse and neglect in the home. The dependent variables are (1) predictors of risk (i.e., scores on the Parenting Stress Index and knowledge of child development) and (2) signs of child abuse and neglect.

Dr. Jones mentions in her proposal to the Institutional Review Board that participants will be told that the study is a services program designed to improve parenting skills but their data might be used in a quality assurance study. She does not want to inform them of the purpose of the study for fear that they would decline to participate out of fear that their children could be taken away and because labeling them as “at risk of abusing their children” is stigmatizing. She argues that the risks of non-disclosure are far outweighed by the potential benefits to children.

As an Institutional Review Board member, do you vote to approve the study? Why or why not?