**Chapter 11**

**-Social Psychology –** The study of how people think about, influence, and relate to other people.  
-**Stereotype –** A generalization about a group’s characteristics that does not consider any variations from one individual to another.  
-**Attribution Theory –** The view that people are motivated to discover the underlying causes of behavior as part of their effort to make sense of the behavior.  
-**Fundamental Attribution Error –** Observer’s overestimation of the importance of internal traits and underestimation of the important of external situations when they seek explanations of an actor’s behavior.  
-**False Consensus Effect –** Observer’s overestimation of the degree to which everybody else thinks or acts the way they do.  
-**Positive Illusions –** Favorable views of the self that are not necessarily rooted in reality.  
-**Self-Serving Bias –** The tendency to take credit for our successes and to deny responsibility for our failures.  
-**Stereotype Threat –** An individual’s fast-acting, self-fulfilling fear of being judged based on negative stereotype about their group.  
-**Social Comparison –** The process by which individuals evaluate their thoughts, feelings, and behaviors, and abilities in relation to others.  
-**Attitudes –** Our opinions and beliefs about people, objects, and ideas – how we feel about our world.  
-**Cognitive Dissonance –** An individual’s psychological discomfort (dissonance) caused by two inconsistent thoughts.  
-**Self-Perception Theory –** Daryl Bem’s theory on how behaviors influence attitudes, stating that individuals make inferences about their attitudes by perceiving their behavior.  
-**Elaboration Likelihood Model –** Theory identifying two ways in persuade: a central route and peripheral route.  
-**Altruism –** Unselfish interest in helping another person.  
-**Egoism –** Giving to another person to ensure reciprocity; to gain self-esteem; to present one-self as powerful, competent, or caring; or to avoid social and self-censure for failing to live up to society’s expectations.  
-**Empathy –** A feeling of oneness with the emotional state of another person.  
-**Bystander Effect –** The tendency for an individual who observes an emergency to help less when other people are present than when observer is alone.  
-**Aggression –** Social behavior whose objective is to harm someone, either physically or verbally.  
-**Conformity –** A change in a person’s behavior to coincide more closely with a group standard.  
-**Informational Social Influence –** The influence other people have on us because we want to be right.  
-**Normative Social Influence –** The influence others have on us because we want them to be like us.  
-**Obedience –** Behavior that complies with the explicit demands of the individual in authority.  
-**Deindividuation –** The reduction in personality identity and erosion of the sense of personal responsibility when one is part of a group.  
-**Social Contagion –** Imitative behavior involving the spread of behavior, emotions, and ideas.  
-**Social Facilitation –** Improvement in an individual’s performance because of the presence of others.  
-**Social Loafing –** Each person’s tendency to exert less effort in a group because of reduction accountability for individual effort.  
-**Risky Shift –** The tendency for a group decision to be riskier than the average decision made by the individual group members.  
-**Group Polarization Effect –** The solidification and further strengthening of an individual’s position as a consequence of a group discussion.  
-**Groupthink –** The impaired group decision making that occurs when making the right decision is less important than maintaining group harmony.  
-**Social Identity –** The way we define ourselves in terms of our group membership.  
-**Social Identity Theory –** The view that our social identities are a crucial part of our self-image and a valuable source of positive feelings about ourselves.  
-**Ethnocentrism –** The tendency to favor one’s own ethnic group over other groups.  
-**Prejudice –** An unjustified negative attitude toward an individual based on the individual’s membership in a group.  
-**Discrimination –** An unjustified negative or harmful action toward a member of a group simply because the person belongs to that group.  
-**Sexual Harassment –** Unwelcome behavior or conduct of a sexual nature that offends, humiliates, or intimidates another person.  
-**More Exposure Effect –** The phenomenon that the more we encounter someone or something, the more likely we are to start liking the person or thing even if we do not realize we have seen it before.  
-**Romantic Love –** Love with strong components of sexuality and infatuation, often predominant in the early part of a love relationship; also called passionate love.  
-**Affectionate Love –** Love that occurs when an individual has a deep, caring affection for another person and desires to have that person near; also called companionate love.  
-**Social Exchange Theory –** The view of social relationships as involving an exchange of goods, the objective of which is to minimize costs and maximize benefits.  
-**Investment Model –** A model of long-term relationships that examines the ways that commitment, investment, and the availability of attractive alternative partners predict satisfaction and stability in relationships.

**Chapter 12**

**-Abnormal Behavior –** Behavior that is deviant, maladaptive, or personally distressful over a relatively long period of time.  
-**Medical Model –** The view that psychological disorders are medical diseases with a biological origin.  
-**DSM-IV –** The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition; the major classification of psychological disorders in the United States.  
-**Attention Deficit Hyperactivity Disorder (ADHD)–** One of the most common psychological disorders of childhood, in which individuals show one or more of the following: inattention, hyperactivity, and impulsivity.  
- **Anxiety Disorders –** Disabling (uncontrollable and disruptive) psychological disorders that feature motor tension, hyperactivity, and apprehensive expectations and thoughts.  
-**Generalized Anxiety Disorder –** Psychological disorder marked by persistent anxiety for at least 6 months and in which the individual is unable to specify the reasons for the anxiety.  
-**Panic Disorder –** Anxiety disorder in which the individual experiences recurrent, sudden onsets of intense terror, often without warning and no specific cause.  
-**Phobic Disorder (Phobia) –** Anxiety disorder characterized by an irrational, overwhelming, persistent fear of a particular object or situation.  
-**Obsessive Compulsive Disorder (OCD) –** Anxiety disorder in which the individual has anxiety-provoking thoughts that will not go away and/or urges to perform repetitive, ritualistic behaviors to prevent or produce some future situation.  
-**Post-Traumatic Stress Disorder (PTSD) –** Anxiety disorder that develops through exposure to a traumatic event, a severely oppressive situation, cruel abuse, or a natural or unnatural disaster.   
-**Mood Disorders –** Psychological disorders - the main types of which are depressive disorders and bipolar disorder – in which there is a primary disturbance of mood: prolonged emotion that colors the individual’s entire emotional state.  
-**Depressive Disorders –** Mood disorders in which the individual suffers from depression – an unrelenting lack of pleasure.  
-**Major Depressive Disorder (MDD) –** Psychological disorder involving a major depressive episode and depressed characteristics, such as lethargy and hopelessness, for at least two weeks.  
-**Dysthymic Disorder (DD) –** Mood disorder that is generally more chronic and has fewer symptoms than major depressive disorder.  
-**Learned Helplessness –** An individual’s acquisition of feelings of powerlessness when they are exposed to aversive circumstances, such as prolonged stress, over which that individual has no control.  
-**Bipolar Disorder –** Mood disorder characterized by extreme mood swings that include one or more episodes of mania, an overexcited, unrealistically optimistic state.  
-**Anorexia Nervosa –** Eating disorder that involves the relentless pursuit of thinness through starvation.  
-**Bulimia Nervosa –** Eating disorder in which an individual (usually a female) consistently follows a binge-and-purge eating pattern.  
-**Binge Eating Disorder (BED) –** Eating disorder characterized by recurrent episodes of eating large amounts of food during which the person feels the lack of control over eating.  
-**Dissociative Disorders –** Psychological disorders that involve a sudden loss of memory or change in identity due to the dissociation (separation) of the individual’s conscious awareness from previous memories and thoughts.  
-**Dissociative Amnesia –** Dissociative disorder characterized by extreme memory loss that is caused by extensive psychological stress.  
-**Dissociative Fugue –** Dissociative disorder in which the individual not only develops amnesia but also unexpectedly travels away from home and assumes a new identity.  
-**Dissociative Identity Disorder (DID) –** Formerly called multiple personality disorder, a dissociative disorder in which the individual has two or more distinct personalities or selves, each with its own memories, behaviors, and relationships.  
-**Schizophrenia –** Severe psychological disorder characterized by highly disordered thought processes, referred to as psychotic because they are so far removed from reality.  
-**Hallucinations –** Sensory experiences that occur in the absence of real stimuli.  
-**Delusions –** False, unusual, and sometimes magical beliefs that are not part of an individual’s culture.  
-**Referential Thinking –** Ascribing personal meaning to completely random events.  
-**Catatonia –** State of immobility and unresponsiveness, lasting for long periods of time.  
-**Flat Affect –** The display of little or no emotion – a common negative symptom of schizophrenia.  
-**Diathesis-Stress Model –** View of schizophrenia emphasizing that a combo of biogenetic disposition and stress causes the disorder.  
-**Personality Disorders –** Chronic, maladaptive cognitive-behavioral patterns that are thoroughly integrated into an individual’s personality.  
-**Antisocial Personality Disorder (ASPD) –** Psychological disorder characterized by guiltiness, law-breaking, exploitation of others, irresponsibility, and deceit.  
-**Borderline Personality Disorder (BPD) –** Psychological disorder characterized by a pervasive pattern of instability in interpersonal relationships, self-image, and emotions, and of marked impulsivity beginning by early adulthood and present in a variety of contexts.

**Chapter 13**

**-Biological Therapies (Biomedical Therapies) –** Treatments that reduce or eliminate the symptoms of psychological disorders by altering aspects of body functioning.  
-**Antianxiety Drugs –** Commonly known as tranquilizers, drugs that reduce anxiety by making individuals calmer and less excitable.  
-**Antidepressant Drugs –** Drugs that regulate mood.  
-**Lithium –** The lightest of solid elements in the periodic table, widely used to treat bipolar disorder.  
-**Antipsychotic Drugs –** Powerful drugs that diminish agitated behavior, reduce tension, decrease hallucinations, improve social behavior, and produce better sleep patterns in individuals with a severe psychological disorder, especially schizophrenia.  
-**Electroconvulsive Therapy (ECT) –** Also called shock therapy, a treatment, commonly used for depression that sets off a seizure in the brain.  
-**Psychosurgery –** A biological therapy, with irreversible effects, that involves removal or destruction of brain tissue.  
-**Psychotherapy –** A nonmedical process that helps individuals with psychological disorders recognize and overcome their problems.  
-**Psychodynamic Therapies –** Treatments that stress the importance of the unconscious mind, extensive interpretation by the therapist, and the role of early childhood experiences in the development of their problems.  
-**Psychoanalysis –** Freud’s therapeutic technique for analyzing an individual’s unconscious thoughts.  
-**Free Association –** A psychoanalytic technique that involves encouraging individuals to say aloud whatever comes to mind, no matter how trivial or embarrassing.  
-**Interpretation –** A psychoanalyst’s search for symbolic, hidden meaning in what the client says and does during therapy.  
-**Dream Analysis -** A psychoanalytic technique for interpreting a person’s dreams.  
-**Transference –** A client’s relating to the psychoanalyst in ways that reproduce or relive important relationships in the individual’s life.  
-**Resistance –** Unconscious defense strategies on the part of a client that prevent the psychoanalyst from understanding the individual’s problems.  
-**Humanistic Therapies –** Treatments unique in their emphasis on people’s self-healing capacities, which encourage clients to understand themselves and grow personally.  
-**Client-Centered Therapy –** Also called Rogerian therapy or nondirective therapy, developed by Rogers, in which the therapist provides warm, supportive atmosphere to improve the client’s self-concept and to encourage the client to gain insight into problems.  
-**Reflective Speech –** A technique when the therapist mirrors the client’s own feelings back to the client.  
-**Behavior Therapies –** Treatments, based on the behavioral and social cognitive theories, which use principles of learning to reduce or eliminate maladaptive behavior.  
-**Cognitive Theories –** Treatments that emphasize that cognitions (thoughts) are the main source of psychological problems and that attempts to change their feelings and behaviors by changing cognitions.  
-**Rational-Emotive Behavior Therapy (REBT) –** A therapy based on Ellis’s assertion that individuals develop a psychological disorder cus of irrational and self-defeating beliefs and whose goal is to get clients to eliminate these beliefs by rationally examining them.  
-**Cognitive-Behavior Therapy –** A therapy that combines cognitive therapy and behavior therapy with the goal of developing self-efficacy.  
-**Integrative Therapy –** A combo of techniques from different therapies based on the therapist’s judgment of which particular methods will provide the greatest benefit for the client.  
-**Group Therapy –** A sociocultural approach to the treatment of psychological disorders that brings together individuals who have the same psychological disorder in sessions that are typically led by a mental health professional.  
-**Family Therapy –** Group therapy with family members.  
-**Couples Therapy –** Group therapy with couples whose major problems lies in their relationship.  
-**Well-Being Therapy (WBT) –** A short-term problem-focused, directed therapy that encourages clients to accentuate the positive.  
-**Therapeutic Alliance –** The relationship between the therapist and client – an important element of successful psychotherapy.

**Chapter 14**

**-Behavioral Medicine –** An interdisciplinary field that focuses on developing and integrating behavioral and biomedical knowledge to promote health and reduce illness; overlaps with and is sometimes indistinguishable from health psychology.  
-**Theory of Reasoned Action –** Theoretical model stating the effective change requires individuals to have specific intentions about their behaviors, as well as positive attitudes about s new behavior, and to perceive that their social group looks positively on the new behavior as well.  
-**Theory of Planned Behavior –** Theoretical model that includes the basic ideas of the theory of reasoned actions but adds the person’s perceptions of control over the outcome.  
-**Stages of Change Model -** Theoretical model describing a five-step process by which the individuals give up bad habits and adopt healthier lifestyles.  
1. Precontemplation – Not ready to think about changing may not know anything is wrong.  
2. Contemplation – They know they have a problem but don’t want to change.  
3. Preparation/Determination – They are preparing to take action.  
4. Action/Willpower – They commit to making behavior change and make a plan.  
5. Maintenance – They are successful in keeping their behavior change.  
-**Relapse –** A return to former unhealthy patterns.  
-**Implementation Intentions –** Specific strategies for dealing with the challenges of making a life change.  
-**Social Support –** Info and feedback from others indicating that one is loved and cared for, esteemed and valued, and included in a network of communication and mutual obligation.  
-**General Adaptation Syndrome (GAS) –** Selye’s term for the common effects of demands on the body, consisting of three stages: alarm, resistance, and exhaustion.  
-**Psychoneuroimmunology –** A new field of scientific inquiry that explores connections among psychological factors (such as attitudes and emotions), the nervous system, and the immune system.  
-**Type A Behavior Pattern –** A cluster of characteristics – including being excessively competitive, hard-driven, impatient, and hostile – that are related to a higher incidence of heart disease.  
-**Type B Behavior Pattern –** A cluster of characteristics – including being relaxed and easygoing – that are related to a lower incidence of heart disease.  
-**Cognitive Appraisal –** An individual’s interpretation of an event as either harmful, threatening, or challenging, and the person’s determination of whether they have the resources to cope efficiently with the event.  
-**Coping –** A kind of problem solving that involves managing taxing circumstances, expending effort to solve life’s problems, and seeking to master or reduce stress.  
-**Problem-Focused Coping –** The cognitive strategy of squarely facing one’s troubles and trying to solve it  
-**Emotion-Focused Coping –** A coping strategy that involves responding to the stress that one is feeling – trying to manage one’s emotional reaction – rather than focusing on the root problem.  
-**Hardiness –** A trait characterized by a sense of commitment rather than the alienation and of control rather than powerlessness, and a perception of problems as challenges rather than threats.  
-**Stress Management Program –** A regimen that teaches individuals how to appraise stressful events, how to develop skills for coping with stress, and how to put these skills into use in everyday life.  
-**Exercise –** Structured activities whose goal is to improve health.  
**-Aerobic Exercise –** Sustained activity – jogging, swimming, or cycling – that stimulates heart and lung functioning.  
-**Sexually Transmitted Infection (STI) –** An infection that is contracted primarily through sexual activity – vaginal intercourse as well as oral genital and anal genital sex.  
-**Acquired Immune Deficiency Disorder Syndrome (AIDS) –** A disease caused by the human immunodeficiency virus (HIV), a sexually transmitted infection that destroys the immune system.