

GENDER BIAS

- **Alpha bias** → exaggerates differences between men and women
 - **Beta bias** → Minimises differences between men and women.
 - **Androcentrism** → male point of view.
 - **Universality** → conclusion that can be applied to everyone regardless of time, gender or culture.
- ♂ ♀
- **Kohlberg** (moral development) Beta bias, because he only tested males and assumed both sexes developed morals in the same way.
 - **Schizophrenia** → Androcentric because society is male dominated, male over diagnose and the criteria is based on healthy males.
 - **Freud** (psychosexual stages) Alpha bias → femininity is failed masculinity; females experience penis envy.

CULTURE BIAS

- **Alpha bias** → exaggerates the differences between cultures.
 - **Beta bias** → ignores or minimises cultural differences. Assumes universality.
 - **Ethnocentrism** → Believing that your own culture is normal and correct.
 - **Cultural relativism** → There is no right or wrong, we need to understand the context.
 - **Emic approach to research** → Studying one culture to understand specific behaviour as an insider, leads to alpha bias.
 - **Etic approach to research** → Observing cultural behaviour without understanding the context within, leads to beta bias
- **Ainsworth** → Ethnocentric - assumed all cultures had secure attachment as their majority.
 - **IQ tests** → Beta bias because they only test specific cultures and their context.
 - **DSM/ICD** → Link to Sz and different diagnosis rates between cultures and the different criteria.

REDUCTIONISM – HOLISM

- HOLISM** → to view humans as whole beings and understand their context.
- **Humanism** → PCT/Gestalt. We can't focus on specific factors of behaviour; we must consider the whole person to understand how they function.
- REDUCTIONISM** → It's easier to analyse behaviour if it's broken down into smaller components such as **levels of explanation**.
- **Interactionist approach** → levels of explanation combine to give a better understanding of behaviour.
 - **Diathesis-stress model** → by understanding different causes and triggers of behaviour we can create different combinations of treatment (Sz – drug therapy / CBTp / FT)

FREE WILL – DETERMINISM

Free will → we are self-determining and have control and choice over all thoughts and actions. Can't be tested scientifically.

Rogers (**HUMANISM**) → PCT, congruence, conditions of worth, UPR, self-actualisation.

Determinism → Behaviour is controlled by internal or external forces.

Soft D. → [COGNITIVE] Humans have free will, but some behaviours are controlled (Aggression/Mental health)

Hard D. → [BIO/BEHAV/PSYCH] Human behaviour is a result of internal or external forces which are predictable and causes.

Biological D → Genes, neurotransmitters, hormones, brain structure all control behaviour.

Environmental D. → Socialisation, conditioning, law of effects.

Psychic D. → Unconscious, psychoanalysis, psychosexual stages, ide, ego, superego, parapraxes.

Doubly-determined → When 2 or more forces are responsible for behaviour (parenting and hormones)
Causal explanation → Determinism can show that all behaviour has a cause and can be controlled within a scientific study.

NATURE – NURTURE

NATURE → Behaviours is caused by inheritance, innate mechanisms and evolutionary ideas.

- **Attachment** → Innate and adaptive to attach to caregivers and infants.
- **Concordance rates** → the closer the relation, the higher the concordance (genetic) Eg, MZ and DZ twins.
- Biological approach.

NURTURE → All behaviour is learnt by different levels of the environment (socialisation, culture, parenting).

- Behavioural approach.
- **Interactionist approach** → We must use both together.
- Diathesis-stress model – genetic vulnerability + life stressor = risk of developing disorder.
- Biopsych. – EP and EZ are needed to reset circadian rhythms.
- Epigenetics – Lifestyle can alter genetic activity Eg smoking, drinking.

IDIAGRAPHIC – NOMOTHETIC (an approach to researching)

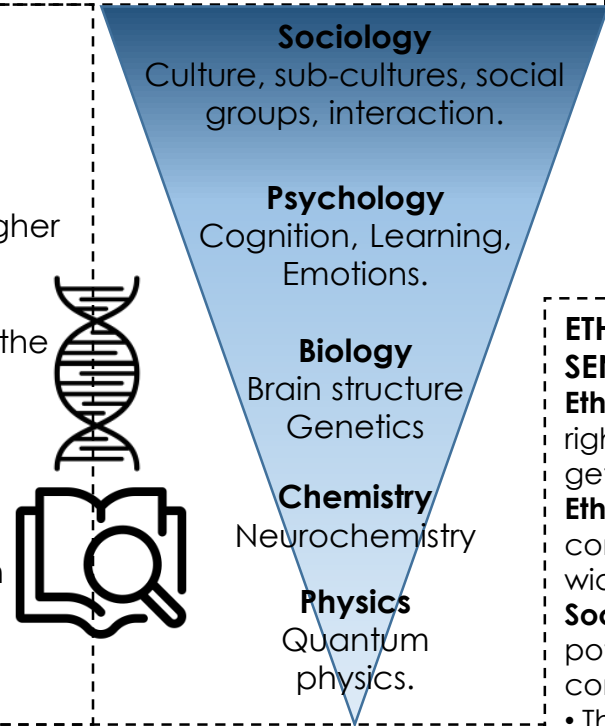
IDIAGRAPHIC → to focus research on individuals with an emphasis on the self and uniqueness of each person. It's avoids generalisations and conclusions.

- Prefers to use qualitative data, self-reporting, case studies, unstructured interviews.
- **Humanism** → self-reporting within therapy / we all have unique self-actualisation goals and free will.

NOMOTHETIC → Studying populations of groups of people to make generalisations and conclusions about behaviour. Uses general laws (Classification, principles and dimensions).

- Prefer to use quantitative data, objective measures and structure interviews.
- **Behavioural** → Very scientific and aims to make predictions about behaviour.
- **Biological** → Very scientific and aims to make classification systems to predict behaviour.

Combination → Each approach complements each other. We need idiographic to create nomothetic laws, and we need nomothetic laws to understand group influences on individuals (social influence). We're all striving to be 'unique' but aren't we all the same by doing so?



ETHICAL IMPLICATIONS & SOCIAL SENSITIVITY

Ethical issues → a conflict between PP rights and Researcher aims (deception to get accurate results).

Ethical implications → the impact or consequence that research has on the wider context.

Social sensitivity → Research has a potentially sensitive/controversial consequence or implication on society.

- The research question / the methodology / the institutional context and interpretation can reduce socially sensitive research.

• **Milgram** → Positive ethical implication because we understand how/why people obey BUT social sensitive because we can use this to manipulate people.

• **Bowlby** → reformed childcare practices BUT encouraged the view that mothers need to raise children instead of returning to work or they would face a burden.

• **Biopsych.** → Research into shift work and health effects can be socially sensitive because it can encourage people to leave their jobs.

• **Cyril Burt** and 11+ exams.

• **Loftus** → EWT research reformed cognitive interview.

