Announcements

- Note-taker needed for DRC
- Aplia Chapter 4 due tonight!
- Exam 2 is a week from Wednesday

From Last Time…

DSM-5 Diagnostic Criteria

- Disruption of identity characterized by two or more distinct personality states
- Recurrent gaps in the recall of everyday events, important personal information, and/or traumatic events that are inconsistent with ordinary forgetting
- Drug/medical rule outs

Know this

Synopsis of Spiel

1. Two perspectives: Post-traumatic versus socio-cognitive
2. DID diagnosis requires amnesia
3. Folks who report amnesia during an interview are not guaranteed to show objective evidence of amnesia in the laboratory, as evidenced by my study and several others
4. Claims of amnesia in DID are best treated with some skeptical thinking.

IV. State & mood dependent memory

- A. Memory better for events/information if tested in same state or mood as during learning
- B. Memory better for events/information consistent with current mood or state

Encoding → Storage → Retrieval

Cue #1 → Cue #2 → Cue #3 → Cue #4
V. Hypnosis

A. Can only be performed with a willing participant

B. Hypnosis induces a change perception, memory, or voluntary action

C. Hypnosis characterized by:
   1. Cessation of planfullness
   2. Attention becomes more selective than usual
   3. Rich fantasy easily evoked
   4. Reality testing reduced
   5. Suggestibility increased
   6. Post-hypnotic amnesia often present (state-dependent?)

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Hypnosis Demonstration

Hypnosis is not...

1) Stage Hypnosis

Hypnosis is not...

1) Stage Hypnosis
2) That's right, it’s not Stage Hypnosis

Hypnosis Stage Show Skits (from http://www.psywww.com/asc/hyp/art/skits.html)

- **Audience Naked**
  Tell the subjects that they will look out into the audience and notice that everyone is naked.

- **Bad Odor**
  Tell all of the subjects that they will begin to notice a bad odor coming from the person sitting next to them.

- **Favorite Part Shrinking**
  Inform all of the subjects that their favorite part of their body is shrinking. Smaller, and smaller.

- **Hippie**
  You are all becoming hippies from the 60's.

- **Hooker**
  You are all becoming hippies from the 60's.
Hypnosis is not...

1) Stage Hypnosis
2) That's right, it’s not Stage Hypnosis
3) Nor is it Quack Hypnosis
4) Nor is it capable of producing a Manchurian Candidate nor the Jade Scorpion

Hypnosis is...

1) Relaxed state
2) Focused awareness
3) Possibly useful as part of a treatment package for change in behaviors:
   a) Study Skills
   b) Weight Loss
   c) Pain Control

http://www.druglibrary.org/schaffer/lsd/marks11.htm

http://www.youtube.com/watch?v=dg14wnHInMQ
Aspects of Hypnosis

1. Posthypnotic Suggestion: Suggestion carried out after the subject is no longer hypnotized.

2. Posthypnotic Amnesia: Supposed inability to recall what one experienced during hypnosis.

Hypnosis per se does not make someone do things against his or her will

- A few studies suggested hypnotized folks would do dangerous things (e.g. Hand dipped in acid)
- Carefully controlled studies show nonhypnotized subjects did the same
- Due to social context of lab; subjects assume laboratory guarantees safety
- Spanos (1982): “The overt behaviors of hypnotized subjects are well within normal limits.”

Other Fallacies Concerning Hypnosis

- An amazing trance state in which amazing things are possible … NOT! Consider the Sociocognitive Theory
- A sleeplike state … No, brainwaves differ from sleep
- Amnesia is common … No, it’s quite rare, and usually only in response to suggestion
- Hypnosis improves memory …
  - Sorry, it only improves confidence, not accuracy.
  - It increases total number of “recollections,” both accurate and inaccurate!
- Past life regression … Don’t even get me started on this rant!

VI. Sleep and Dreams

How do you know someone is asleep?

A. Types and stages of sleep

1. EEG activity
   a. Beta activity 13-40 Hz
   b. Alpha activity 8-12 Hz
   c. Delta activity 1-4 Hz
VI. Sleep and Dreams

A. Types and stages of sleep

2. Stages of sleep are defined by EEG
   a. Stage 1 = alternating periods of alpha and irregular-fast activity (Beta)
   b. Stage 2 = resembles stage 1, alpha rhythms are GONE, occasional sleep spindles and K-complexes
   c. Stage 3 = a few Delta waves
   d. Stage 4 = mostly Delta waves
   e. REM (AKA paradoxical) sleep

a. Sleep Stages 1-2

Stage 1: Alpha
Stage 2: Theta waves (5-8 Hz)
Stage 2: Sleep Spindles

b. Sleep Stages 3-4

Slow large-amplitude, delta waves (1-4 Hz)

c. REM Sleep (Rapid Eye Movement)

Following stage 4, cycle moves towards stage 1 again
Still asleep, but brain resembles awake-aroused state.
Low-amplitude, fast beta waves (15-40 Hz)
Sleep and Dreams

c. REM (AKA paradoxical) sleep
   1. after ~90 minutes, person is obviously asleep, but the EEG resembles waking
   2. Eyes dart rapidly back and forth (hence the name Rapid Eye Movement).
   3. Dreams of a narrative story-like style tend to occur during REM sleep.

Test your Sleep IQ!

When people sleepwalk, they are experiencing a dream that they are walking.

A. TRUE
B. FALSE

Most people report dreaming in black and white.

A. TRUE
B. FALSE

Most dreams are about sex

A. TRUE
B. FALSE

Some people require as few as 4 hours of sleep a night to feel well rested.

A. TRUE
B. FALSE
More than half of American adults have suffered from insomnia in the past year.

A. TRUE  
B. FALSE

Over-the-counter (OTC) medications are effective in treating sleep problems such as insomnia.

A. TRUE  
B. FALSE

During sleep your brain and body rest

A. TRUE  
B. FALSE

Resting in bed with your eyes closed cannot satisfy your body’s need for sleep.

A. TRUE  
B. FALSE

Snoring is not harmful as long as it doesn’t disturb others or wake you up.

A. TRUE  
B. FALSE

Everyone dreams nightly.

A. TRUE  
B. FALSE
Most people don’t know when they are sleepy.

A. TRUE
B. FALSE

Why do we dream?

1. Wish Fulfillment:
   ✓ Freud suggested dreams provide a psychic safety valve to discharge unacceptable feelings.
   ✓ Royal road to the unconscious!

2. Information Processing: Dreams may help sift, sort, and fix a day’s experiences in our memories.

Why do we dream?

3. Physiological Function: Dreams provide the sleeping brain with stimulation to develop and preserve neural pathways. Newborns thus need more sleep.

Why do we dream?

All dream researchers believe we need REM sleep.

When deprived of REM, subsequent REM Rebound.

Genetic Differences: Larks and Owls

Larks

A      B      C      D

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