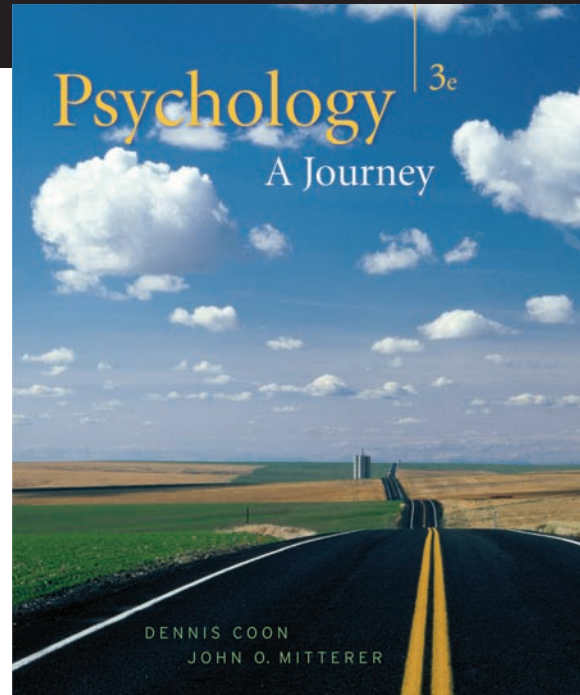


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Coon and Mitterer help readers grasp major concepts, develop a broad understanding of psychology's diversity, and see for themselves how psychology reflects the challenges of everyday life. Because readers become actively involved with the material, they develop a basic understanding of psychology that they take with them into their future courses and careers.

Active learning that fosters clear understanding

This edition features a modified **SQ4R learning system** (Survey, Question, Read, Recite, Reflect, and Review) that combines the reflective, active learning of a critical thinking perspective with the memory-boosting power of the original SQ4R.

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Leading-edge coverage that makes the journey even more fascinating!

BRAIN WAVES

The Schizophrenic Brain

Several imaging methods (remember Chapter 2?) have made it possible to directly observe the living schizophrenic brain. CT scans and MRI scans, which can reveal brain structure, suggest that the brains of schizophrenics have shrunk (atrophied). For example, **Figure 12.10** shows a CT scan (CT stands for computed tomography, or computer-enhanced X-ray images) of the brain of John Hinckley, Jr., who shot former U.S. President Ronald Reagan and three other men in 1981. In the ensuing trial, Hinckley was declared insane. As you can see, his brain had wider than normal surface fissuring.

Similarly, MRI scans (magnetic resonance imaging) indicate that schizophrenic people tend to have enlarged ventricles (fluid-filled spaces within the brain), again suggesting that surrounding brain tissue has withered (Barkataki et al., 2006). Other brain regions also appear to be abnormal. It is telling that the affected areas are crucial for regulating motivation, emotion, perception, actions, and attention (Gur et al., 1998; Walker et al., 2004).

Other methods provide images of brain activity, including PET scans. To make a PET scan (positron emission tomography), a radioactive sugar solution is injected into a vein. When the sugar reaches the brain, an electronic device measures how much is used in each area. These data are then translated into a color map, or scan, of brain activity (**Fig. 12.11**). Researchers are finding patterns in such scans that are consistently linked with schizophrenia, affective disorders, and other problems. For instance, activity tends to be abnormally low in the frontal lobes of the schizophrenic brain (Durand & Barlow, 2006; Velakoulis & Pantelis, 1996). In the future, PET scans may be used to accurately diagnose schizophrenia. For now, such scans show that there is a clear difference in schizophrenic brain activity.

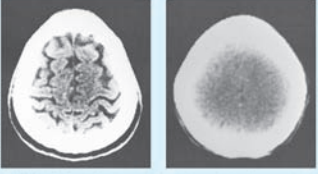


FIGURE 12.10 (left) CT scan of would-be presidential assassin John Hinckley, Jr., taken when he was 25. The X-ray image shows widened fissures in the wrinkled surface of Hinckley's brain. (right) CT scan of a normal 25-year-old's brain. In most young adults the surface folds of the brain are pressed together too tightly to be seen. As a person ages, surface folds of the brain normally become more visible. Pronounced brain fissuring in young adults may be a sign of schizophrenia, chronic alcoholism, or other problems.

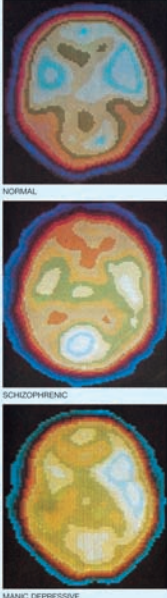


FIGURE 12.11 Positron emission tomography produces PET scans of the human brain. In the scans shown here, red, pink, and orange indicate lower levels of brain activity; white and blue indicate higher activity levels. Notice that activity in the schizophrenic brain is quite low in the frontal lobes (see Durand & Barlow, 2006; Velakoulis & Pantelis, 1996). Activity in the manic depressive brain is often true of consistent patterns.

This edition features **enhanced coverage of neuroscience**, with chapters such as those on the brain, memory, and abnormal psychology reflecting the latest understanding of the biology of behavior. Plus, **new Brainwaves boxes** help students think about how the biopsychological perspective contributes to a better understanding of human behavior.

Brainwaves boxes include:

- A discussion of phantom limbs and the brain's creation of a *neuromatrix* in "The Matrix: Do Phantoms Live Here?"
- An examination of intracranial self-stimulation with "Tickling Your Own Fancy."
- An exploration of "The Schizophrenic Brain" through CT, PET, and MRI brain scans.
- A look at body weight with "Your Brain's 'Fat Point'."

BRAIN WAVES

Tickling Your Own Fancy

Suppose you could have an electrode permanently implanted in your brain and connected to an iPod-style controller. Twist the controller and electrical impulses stimulate one of your brain's "pleasure centers." The very few humans who have ever had a chance to try direct brain stimulation report feeling intense pleasure that is better than food, water, sex, drugs, or any other primary reinforcer (Heath, 1963). (See **Fig. 6.13**.)

Most of what we know about intracranial self-stimulation (ICSS) comes from studying rats with similar implants (Olds & Fobes, 1981). A rat "wired for pleasure" can be trained to press the bar in a Skinner box to deliver electrical stimulation to its own limbic system (refer back to Fig 2.26). Some rats will press the bar thousands of times per hour to obtain brain stimulation. After 15 or 20 hours of constant pressing, animals sometimes collapse from exhaustion. When they revive, they begin pressing again. If the reward circuit is not turned off, an animal will ignore food, water, and sex in favor of bar pressing.

Many natural primary reinforcers activate the same pleasure pathways in the brain that make ICSS so powerful (McBride, Murphy, & Ikemoto, 1999). So do psychoactive drugs, such as alcohol and cocaine (Eisler, Justice, Jr., & Neill, 2004; Rodd et al., 2005). One shudders to think what might happen if brain implants were easy and practical to do. (They are not.) Every company from Play-Boy to Microsoft would have a device on the market, and we would have to keep a closer watch on politicians than usual!




FIGURE 6.13 Humans have been "wired" for brain stimulation, as shown in (a). However, in humans, this has been done only as an experimental way to restrain uncontrollable outbursts of violence. Implants have not been done merely to produce pleasure. Most research has been carried out with rats. Using the apparatus shown in (b), the rat can press a bar to deliver mild electric stimulation to a "pleasure center" in the brain.

Also new . . .

- You will find enhanced coverage of the social determinants of behavior, reflecting our ever-increasing cultural diversity.
- Coon and Mitterer have carefully restructured the material in the lifespan chapter, making it more balanced in its coverage of childhood, adolescence, and adulthood.
- Effective methods for assessing learning outcomes, as recommended by a 2003 APA task force on Applying Assessment Strategies in Psychology, are presented in the **Instructor's Resource Manual**. To address the individual assessment needs of all students, a wide array of assessment methods—from multiple-choice tests to essay questions—is available.

Proven features that help students navigate through the course

CRITICAL THINKING

Are the Mentally Ill Prone to Violence?

News reports and television programs tend to exaggerate the connection between mental illness and violence (Corrigan et al., 2005). Such media reports both create and reflect deeply held beliefs about mental disorders in our society. Such beliefs are important because they affect laws and personal attitudes toward the mentally ill. For example, people who strongly believe that the mentally ill are prone to violence are typically afraid to have for-



Although Jeffrey Dahmer's case is extreme, he is typical of the mentally disordered persons who make the evening news. Most have committed murder or some other heinous crime. This gives the impression that the mentally ill are violent and dangerous. In reality, only a tiny percentage of all mentally disordered persons are more violent than average. (Dahmer was killed in prison by another inmate in 1994.)

mer mental patients as neighbors, coworkers, or friends (Corrigan & Watson, 2005).

The reality is just the opposite. According to the largest study ever conducted on this question, mentally ill individuals who are not also substance abusers are no more prone to violence than are normal individuals (Monahan et al., 2001). There are only a few exceptions to this conclusion and in those cases, the risk is not very large (Noble, 1997; Rice, 1997).

- Only persons who are actively psychotic are more violence prone than non-patients. That is, if a person is experiencing delusions and hallucinations, the risk of violence is elevated. Other mental problems are unrelated to violence.
- Only persons currently experiencing psychotic symptoms are at increased risk for violence. Violent behavior is not related to having been a mental patient in the past or having had psychotic symptoms in the past.

Thus, most news stories give a false impression. Only a small minority of the actively mentally ill poses an increased risk. Even when we consider people who are actively psychotic, we find that the vast majority are not violent. Former mental patients, in particular, are no more likely to be violent than people in general. No matter how disturbed a person may have been, she or he merits respect and compassion.

The risk of violence from mental patients is actually many times lower than that from persons who have the following attributes: young, male, poor, and intoxicated (Corrigan & Watson, 2005). Remember, people who are not mentally ill commit the overwhelming majority of violent crimes.

Critical Thinking boxes help students distinguish empirically evaluated research from commonsense beliefs. These engaging features lead students to challenge commonly held beliefs, provide nonintuitive perspectives on everyday topics, and encourage thoughtful examination of research with topics such as:

- “To Catch a Terrorist”
- “Telling Wrong from Right in Forensic Memory”
- “Are the Mentally Ill Prone to Violence?”
- “What Is It Like to Be a Bat?”

The Clinical File boxes expose students to clinical topics that illustrate the relevance of chapter topics. Boxes focus on therapies, disorders, mental health, and personal adjustment, with discussions such as:

- “The Recovered Memory/False Memory Debate”
- “Suppressing Emotion—Don’t Turn Off the Music”
- “Teenage Sleep Zombies”
- “Coping with Traumatic Stress”

THE CLINICAL FILE

Coping with Traumatic Stress

Traumatic experiences produce psychological injury or intense emotional pain. Victims of **traumatic stresses**, such as war, torture, rape, assassination, plane crashes, natural disasters, or street violence, may suffer from nightmares, flashbacks, insomnia, irritability, nervousness, grief, emotional numbing, and depression. There is little doubt that the 2005 hurricane season caused these effects in the Gulf Coast states. Like most traumatic stresses, the impact, especially of Hurricanes Katrina and Rita, was overwhelming.

People who personally witness or survive a disaster are most affected by traumatic stress. Twenty percent of the people who lived close to Ground Zero in New York suffered serious stress disorders (Galea et al., 2002). Yet, even those who experience horror at a distance may be traumatized (Galea & Resnick, 2005). Forty-four percent of U.S. adults who only saw the September 11 terrorist attacks on television had at least some stress symptoms (Schuster et al., 2001).

Traumatic stress produces feelings of helplessness and vulnerability (Fields & Margolin, 2001). Victims realize that disaster could strike again without warning. In addition to feeling threatened, many victims sense that they are losing control of their lives (Scurfield, 2002).

What can people do about such reactions?

- Psychologists recommend the following:
- Identify what you are feeling and talk to others about your fears and concerns.

- Think about the skills that have helped you overcome adversity in the past and apply them to the present situation.
- Continue to do the things that you enjoy and that make life meaningful (LeDoux & Gorman, 2001).
- Get support from others. This is a major element in recovery from all traumatic events.
- Give yourself time to heal. Fortunately, most people are more resilient than they think.

When traumatic stresses are severe or repeated, some people have even more serious symptoms. They suffer from crippling anxiety or become emotionally numb. Typically, they can't stop thinking about the disturbing event; they anxiously avoid anything associated with the event; and they are constantly fearful or nervous. (These are the symptoms of stress disorders, which are discussed in Chapter 12.) Such reactions can leave victims emotionally handicapped for months or years after a disaster. If you feel that you are having trouble coping with a severe emotional shock, consider seeking help from a psychologist or other professional.

There can be little doubt that Hurricane Katrina's assault on New Orleans was a traumatically stressful event. Even people who merely witnessed the disaster on television suffered from stress symptoms.



HUMAN DIVERSITY

Consciousness and Culture

Throughout history, people have found ways to alter consciousness (Siegel, 2005). A dramatic example is the sweat lodge ceremony of the Sioux Indians. During the ritual, several men sit in total darkness inside a small chamber heated by coals. Cedar smoke, bursts of steam, and sage fill the air. The men chant rhythmically. The heat builds. At last they can stand it no more. The door is thrown open. Cooling night breezes rush in. And then? The cycle begins again—often to be repeated four or five times more.

Like the yoga practices of Hindu mystics or the dances of the Whirling Dervishes of Turkey, the ritual “sweats” of the Sioux are meant to cleanse the mind and body. When they are especially intense, they bring altered awareness and personal revelation.

People seek some altered states for pleasure, as is often true of drug intoxication. Yet as the Sioux illustrate, many cultures regard altered

consciousness as a pathway to personal enlightenment. Indeed, all cultures and most religions recognize and accept some alterations of consciousness. However, the meaning given to these states varies greatly—from signs of “madness” and “possession” by spirits, to life-enhancing breakthroughs. Thus, cultural conditioning greatly affects what altered states we recognize, seek, consider normal, and attain (de Rios & Grob, 2005).



In many cultures, rituals of healing, prayer, purification, or personal transformation are accompanied by altered states of consciousness.

Human Diversity boxes encourage students to reflect on similarities and differences in individual human expression. Topics found in these boxes highlight many current, diversity-related issues, such as:

- “Acculturative Stress—Stranger in a Strange Land”
- “Self-Esteem and Culture—Hotshot or Team Player?”
- “Consciousness and Culture”
- “Running Amok with Cultural Maladies”

Help your students tame the textbook with SQ4R

180 CHAPTER FIVE

Survey Questions

- What is an altered state of consciousness?
- What are the effects of sleep loss or changes in sleep patterns?
- Are there different stages of sleep?
- What are the causes of sleep disorders and unusual sleep events?
- Do dreams have meaning?
- How is hypnosis done, and what are its limitations?
- What are meditation and sensory deprivation? Do they have any benefits?
- What are the effects of the more commonly used psychoactive drugs?
- How are dreams used to promote personal understanding?

STATES OF CONSCIOUSNESS—THE MANY FACES OF AWARENESS

>SURVEY QUESTION What is an altered state of consciousness?

To be conscious means to be aware. **Consciousness** consists of all the sensations, perceptions, memories, and feelings you are aware of at any instant (Hobson, 2001; Koch, 2004). (See “What Is It Like to Be a Bat?”). We spend most of our lives in waking consciousness, a state of clear, organized alertness. In waking consciousness we perceive times, places, and events as real, meaningful, and familiar. But states of consciousness related to fatigue, delirium, hypnosis, drugs, and euphoria may differ markedly from “normal” awareness. Everyone experiences at least some altered states, such as sleep, dreaming, and daydreaming (Blackmore, 2004). In everyday life, changes in consciousness include distance running, listening to music, making love, or other activities.

Survey and Question. Each chapter opens with a list of **Survey Questions** that will help students identify important ideas as they begin reading. The **Survey Questions** are a good guide to the kinds of information students should look for as they read.

Read. As an aid to reading, important terms are printed in boldface type and defined in the margin on the page where they first appear.

Altered States of Consciousness

How are altered states distinguished from normal awareness? **Altered state of consciousness (ASC)** changes occur in the quality and pattern of self-control, and suggestibility (Siegel, 2005). Definitely they have experienced an ASC.

Are there other causes of ASC? In addition to the sensory overload (for example, a rave, Mardi Gras crowd, or motion sickness), other causes include hypnosis, hyperventilation, dehydration, sleep loss, near-death experiences, and many other possibilities. In some instances, altered states of consciousness have been used for therapeutic purposes. (See “Consciousness and Culture” for more information.)

An unconscious person will die without constant care. In fact, we can’t really explain how it occurs. Nevertheless, it is important to understand the role they play in our lives and to explore the role they play in our sleep and dreaming.

SLEEP—A NICE PLACE TO VISIT

>SURVEY QUESTION What are the effects of sleep loss?

Each of us will spend some 25 years of life asleep. Contrary to popular belief, we are not totally unresponsive during sleep. For instance, you are

Consciousness Mental awareness of sensations, perceptions, memories, and feelings.

Altered state of consciousness (ASC) A condition of awareness distinctly different in quality or pattern from waking consciousness.

Study Break Altered States and Sleep

Reflect

Make a quick list of some altered states of consciousness you have experienced. What do they have in common? How are they different? What conditions caused them?

Imagine that you are a counselor at a sleep clinic. You must explain the basics of sleep and dreaming to a new client who knows little about these topics. Can you do it?

Learning Check

- Changes in the quality and pattern of mental activity define
 - an EEG
 - an REM
 - SIDS
 - an ASC
- Alyssa experiences a microsleep while driving. Most likely, this indicates that she
 - was producing mostly beta waves
 - had high levels of sleep hormones in her bloodstream
 - switched from delta waves to alpha waves
 - was sleep deprived

Critical Thinking

- Why might it be better for the unscheduled human sleep-waking cycle to average more than 24 hours, instead of less?
- Biologically, what advantages might sleeping provide?

Answers

1. d, 2. d, 3. a, 4. f, 5. a, 6. f, 7. delta waves, 8. Sleep experts theorize that the 25-hour average leaves a little “slack” in the cycle. External time markers can then be used to synchronize it with light-dark cycles. If the bodily cycle were shorter than 24 hours, we all might have to “stretch” every day to adjust. 9. Lowering bodily activity and metabolism during sleep help conserve energy and lengthen life. Also, natural selection may have favored sleep because animals that remained active at night probably had a higher chance of being killed. (We’ll bet they had more fun, though.)

Recite and Reflect. Every few pages, a **Study Break** gives students a chance to think, rehearse, reflect, and test their memory.

TEST YOUR KNOWLEDGE

States of Consciousness

For additional review, get more practice with ThomsonNOW, WebTutor, the Practice Quizzes, and/or the printed Study Guide available with this book.

- Changes in the quality and pattern of mental activity define
 - an EEG
 - SIDS
- Alyssa experiences a microsleep while driving. Most likely, this indicates that she
 - was producing mostly beta waves
 - switched from delta waves to alpha waves
- A person in deep sleep produces mostly
 - beta waves
 - delta waves
- Which of the following would normally be most incompatible with moving your arms and legs while asleep?
 - REM sleep
 - delta waves
 - NREM sleep
- People who suffer from sudden daytime sleep attacks have which sleep disorder?
 - narcolepsy
 - somnambulism
- Eating a snack that is nearly all starch can promote sleep because it increases _____ in the brain.
 - beta waves
 - tryptophan
 - EEG activity
 - hypnic cycling
- Sleep restriction and stimulus control are techniques used to treat
 - sleep apnea
 - night terrors
 - sleep talking
 - insomnia
- Sorting and integrating memories is one function of
 - activation-synthesis
 - deep sleep
 - NREM sleep
- Wish fulfillment and dream symbols are important concepts in which explanation of dream content?
 - activation-synthesis
 - imagery rehearsal
 - the REST hypothesis
 - psychodynamic
- Tests of hypnotic susceptibility measure a person’s tendency to respond to
 - suggestion
 - stimulus control techniques
 - imagery rehearsal
 - the activation-synthesis effect
- Research has shown that hypnosis cannot produce
 - unusual strength
 - pain relief
- Which terms do NOT belong together?
 - concentrative meditation—relaxation response
 - mindfulness meditation—mantra
 - sensory deprivation—relaxation response
 - sensory deprivation—REST
- Addictive drugs stimulate the brain’s reward circuitry by affecting
 - neurotransmitters
 - tryptophan levels
 - psychological dependence
 - withdrawal symptoms
- Marijuana is most similar to _____ in its effects on the nervous system.
 - cocaine
 - serotonin
 - benzodiazepine
 - LSD
- Hyperthermia, heart arrhythmias, and severe liver damage are major risks in the use of
 - marijuana
 - MDMA
- Drug interaction is a special danger when a person combines
 - marijuana and amphetamine
 - alcohol and cocaine
 - marijuana and THC
- Treatment for alcohol dependence begins with sobering up the person and cutting off the supply. This is referred to as
 - “hitting bottom”
 - detoxification
 - clinical anhedonia
- Drug abuse is partly explained by the fact that psychoactive drugs produce immediate pleasure and
 - somnambulism
 - delayed punishment
 - enhanced self-esteem
 - brain carcinogens
- The Freudian dream process that results when several people, objects, or events are combined into a single dream image is called
 - symbolization
 - displacement
 - lucidity
 - condensation

ANSWERS 1. d, 2. d, 3. a, 4. f, 5. a, 6. f, 7. delta waves, 8. Sleep experts theorize that the 25-hour average leaves a little “slack” in the cycle. External time markers can then be used to synchronize it with light-dark cycles. If the bodily cycle were shorter than 24 hours, we all might have to “stretch” every day to adjust. 9. Lowering bodily activity and metabolism during sleep help conserve energy and lengthen life. Also, natural selection may have favored sleep because animals that remained active at night probably had a higher chance of being killed. (We’ll bet they had more fun, though.)

Review. Each chapter concludes with a **Chapter in Review** summary to help students identify key ideas to remember. These summaries are organized around the same **Survey Questions** found at the beginning of the chapter. On the last page of every chapter a brief **Test Your Knowledge** quiz gives students the opportunity to gauge how well they remember ideas and concepts from their reading.

Learning is an adventure with *Journey*

Students make strong connections with the material through the text's **Discovering Psychology** boxes. These engaging features invite students to relate psychology to their own lives through the observation of other people's behavior or by doing self-assessments. Topics include:

- “Crazy for a Day”
- “Behavioral Dieting”
- “Dollars, Drag Racing, and the Nervous System”
- “What’s Your Musical Personality?”

DISCOVERING PSYCHOLOGY

Dollars, Drag Racing, and the Nervous System

In the sport of drag racing, victory depends on a driver's reaction time. When a light signals the start of a race, the driver must react as quickly as possible, usually in less than a half second. To test your own reaction time, have a friend hold a dollar bill from the top, as shown in **Figure 2.5**. Spread your thumb and fingers about 2 inches apart and place them around the bill, near the middle of Washington's portrait. Watch the bill intently. Without warning, your friend should release the bill. When you see it begin to move, try to catch it by pressing your thumb and fingers together. Most likely, the bill will slip through your fingers. It takes a split second for you to see the bill's movement, process that information in your brain, and send signals to your hand, causing it to move. Because neural processing takes time, our experiences and reactions lag slightly behind events in the world. In fact, your sense of control over your actions is partly an illusion. For instance, if you decide to wiggle your fingers, your brain will begin a series of events that leads to finger movement. This activity will start before you begin to feel that you are intentionally moving your finger (Obhi & Haggard, 2004).

FIGURE 2.5



DISCOVERING PSYCHOLOGY

Crazy for a Day

Performing a mildly abnormal behavior is a good way to get a sense of how social norms define “normality” in daily life. Here's your assignment: Do something strange in public and observe how people react to you. (Please don't do anything dangerous, harmful, or offensive—and don't get arrested!) Here are some deviant behaviors that other students have staged:

- Sit in the dining area of a fast-food restaurant and loudly carry on a conversation with an imaginary companion.
- Stand in a busy hallway on campus and adopt a Kung Fu stance. Remain in that position for 10 minutes.
- Walk around campus on a sunny day while wearing a raincoat and carrying an open umbrella. Keep the umbrella over your head when you are inside buildings.

- Stick one finger in your nose and another in your ear. Walk through a busy shopping mall.
- Cover your head with aluminum foil for a day.

Does the idea of performing any of these actions make you uncomfortable? If so, you may not need to do anything more to appreciate how powerfully social norms constrain our actions. As we have noted, social nonconformity is just one facet of abnormal behavior. Nevertheless, actions that are regarded as “strange” within a particular culture are often the first sign to others that a person has a problem.

Found at the end of every chapter, **Psychology in Action** sections discuss ways that students can use their growing knowledge of psychology's concepts to improve their understanding of common life issues and experiences, such as:

- “STDs and Safer Sex—Choice, Risk, and Responsibility”
- “Becoming a Better Eyewitness to Life”
- “Exploring and Using Dreams”
- “Emotional Intelligence—The Fine Art of Self-Control”

466 CHAPTER ELEVEN

Psychology in Action

STDs and Safer Sex—Choice, Risk, and Responsibility

SURVEY QUESTION How can sexually transmitted diseases be prevented?

In general, most adults favor greater freedom of choice for themselves, including choice about sexual behavior. Yet, there is some ambivalence toward greater sexual freedom. As the upcoming discussion of AIDS suggests, there are new and compelling reasons for caution in sexual behavior.

Sexually Transmitted Diseases

A **sexually transmitted disease (STD)** is an infection passed from one person to another by intimate physical contact. Sexually active people run a higher risk of getting chlamydia (klay-MID-ee-ah), gonorrhea, hepatitis B, herpes, syphilis, and other STDs. Many people who carry STDs remain *asymptomatic* (a-SIMP-teh-mat-ik; lacking obvious symptoms). It is easy to have an infection without knowing it. Likewise, it is often impossible to tell if a sexual partner is infectious. Thus, risky sex is a serious hazard. A recent study of sexually active teenage girls engaging in risky sex is a case in point. Nearly 90 percent of the girls thought that they had virtually no chance of getting an STD. In reality, over the next 18 months 1 in 4 got chlamydia or gonorrhea (Ethier et al., 2003).

A major problem is the fact that people who are sexually active may have indirect contact with many other people. One study of sexual relationships at a high school in a Midwestern city found long chains of sexual contact between students. Thus, a student at the end of the chain might have had sex with only one person, but in reality she or he had indirect contact with dozens or even hundreds of others (Bearman, Moody, & Stowé, 2004).

For many sexually active people, the human immunodeficiency virus (HIV) has added a new threat. HIV is a sexually transmitted disease that disables the immune system. Whereas most other STDs are treatable, HIV infections can be lethal. Check your knowledge about HIV against the following summary.

HIV/AIDS
Acquired immune deficiency syndrome (AIDS) is caused by an HIV infection. As the immune system weakens, other “opportunistic” diseases invade the body. Most AIDS victims eventually die of multiple infections (although newer multidrug therapies have greatly improved the odds of survival). The first symptoms of AIDS may show up as little as 2 months after infection, but they typically don't appear for 10 years. Because of this long incubation period, infected persons often pass the AIDS virus on to others without knowing it. Medical testing can detect an HIV infection. However, for at least the first 6 months after becoming infected, a person can test negative while carrying the virus. A negative test result, therefore, is no guarantee that a person is a “safe” sex partner.

The AIDS Memorial Quilt was begun in 1985 to commemorate those who have died from AIDS. Today, the quilt has grown to immense size, symbolizing the extent of the AIDS epidemic. Originally the quilt memorialized only homosexual victims. It now includes heterosexual men, women, and children, signifying that AIDS respects no boundaries.



Sexually transmitted disease (STD)
A disease that is typically passed from person to the next by intimate physical contact; a venereal disease.

Put your students on the road to success with these learning tools



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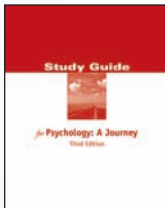
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Study Guide

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Written by Joseph Karafa, Ferris State University. The **Study Guide** is structured around the SQ4R active learning system. It offers many opportunities for practice, self-testing, and review. Features include a *Chapter Overview*,

Recite and Review (fill-in-the-blank), *Connections* (matching), *Check Your Memory* (true-false), *Final Survey and Review* (fill-in-the-blank), a *Mastery Test* (multiple-choice) for each chapter of the book, and an updated *Language Development Guide*. A *Student Integrator* is also included that lays out available study tools and how they intersect, so students can make the most out of their supplements.

Sniffy: The Virtual Rat



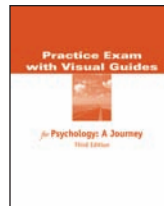
By Tom Alloway, University of Toronto, Mississauga; Greg Wilson, DIDSoftware, Inc.; and Jeff Graham, University of Toronto, Mississauga.

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Instructors praise **Sniffy**, a realistic digital rat in an operant chamber (Skinner Box), for its ability to give students hands-on experience in setting up and conducting experiments that demonstrate the phenomena of classical and operant conditioning. Users begin by training **Sniffy** to press a bar to obtain food. Then, they progress to studies of more complex learning phenomena. Throughout each, a series of "Mind Windows" enables students to visualize how **Sniffy's** experiences in the chamber produce the psychological changes that their textbooks discuss in connection with learning. Visit: www.thomsonedu.com/psychology to learn more about **Sniffy!**

Practice Exam with Visual Guides

0-495-10477-9



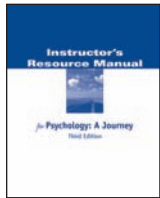
By A.D. VanDeventer, Thomas Nelson Community College, and Shawn Talbot, Kellogg Community College. With visual guides and practice exams, this full-color booklet, available packaged at no cost with the text, provides

students with the key concepts of each chapter in an easy-to-study visual layout. Also includes a practice exam of 20 multiple-choice questions for each chapter.

Mapping out your course is easy with these instructor resources

COURSE PREPARATION/ASSESSMENT

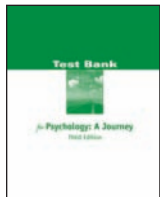
Instructor's Resource Manual 0-495-10376-4



Written by Susan Weldon of Henry Ford Community College. Every chapter of this comprehensive manual includes learning objectives, a detailed chapter outline, discussion topics, classroom activities, handouts, web links with activities, and video

suggestions. The **Instructor's Resource Manual** also includes a *Resource Integration Guide* that details, chapter by chapter, how all of the supplements Wadsworth offers for this course tie together.

Test Bank 0-495-10377-2



Written by Jeannette Murphey of Meridian Community College. With this edition you'll find double the number of test questions, so that each chapter contains more than 300 multiple-choice questions, marked with the correct answer, type

of question, page reference, difficulty level, and learning objective. Each chapter also includes 35–40 fill-in-the-blank questions and 20 essay questions with rejoinders. Fifteen multiple-choice and five essay questions from each chapter are also available online at the **Book Companion Website**.

ExamView® Assessment Suite 0-495-10378-0



Create, deliver, and customize tests and study guides (both print and

online) in minutes with this easy-to-use assessment and tutorial system. **ExamView®** offers both a *Quick Test Wizard* and an *Online Test Wizard* that guide you step-by-step through the process of creating tests—you can even see the test you are creating on the screen exactly as it will print or display online.

WebTutor™ Advantage

On WebCT®: 0-495-10491-4
On Blackboard®: 0-495-10452-3

WebTUTOR Advantage Save time managing your course, posting materials, and tracking progress with **WebTutor**. With the text-specific, preformatted content, and total flexibility of **WebTutor Advantage**, you and your students have real-time access to a full array of teaching and study tools, including animations and videos that bring the book's topics to life, plus chapter outlines, summaries, learning objectives, glossary flash cards (with audio), practice quizzes, and web links.

LECTURE PRESENTATION

Multimedia Manager/Instructor's Resource CD-ROM 0-495-10479-5



This one-stop lecture tool makes it easy to assemble, edit, publish, and present custom lectures for the introductory psychology course.

These slides include hundreds of images (art, figures, and tables) from the Coon/Mitterer text, as well as video clips and lecture slides for each chapter and a web link to **Wadsworth's Online Psychology Resource Center**. Also included are the **Instructor's Resource Manual** and **Test Bank** in Word files.

JoinIn™ on TurningPoint® 0-495-10425-6



JoinIn turns your ordinary PowerPoint® application into powerful audience response software, allowing you to take

attendance, poll students on key issues to spark discussion, check student comprehension of difficult concepts, collect student demographics to better assess student needs, and even administer quizzes without collecting paper or grading. Consult your local Thomson Wadsworth representative for details or visit <http://turningpoint.thomsonlearningconnections.com> for FAQs and a demonstration.

Psychology Digital Video Library 3.0 CD-ROM 0-495-09063-8



Classic and contemporary clips for the classroom! The CD-ROM offers over 100 clips featuring a broad range of materials, such as classic footage of prominent psychologists, demonstrations and simulations of important experiments.

Netting new knowledge is easy with this powerful learning companion!

Book Companion Website

www.thomsonedu.com/psychology/coon

When you adopt *Psychology: A Journey, Third Edition*, you and your students will have access to a rich array of teaching and learning resources that you won't find anywhere else.

The companion website activities engage students by offering resources designed specifically for the book, as well as useful information about the psychology discipline as a whole. When paired with **ThomsonNOW Personalized Study**, students have access to all the study materials they need to succeed in the classroom.

In addition, this outstanding site features fun and interactive resources that will help students improve their grades and enhance their appreciation of psychology.



- **Online Quizzes.** Students can use these chapter-by-chapter multiple-choice and essay quizzes to practice for tests and check their understanding.
- **Internet Resources.** This area is a “launching pad” that takes students to other psychology-related sites on the Internet. If a site sounds interesting, a click of the mouse will link them to it.
- **Critical Thinking Activities.** Students can use the provided web links to demonstrate and expand their knowledge of key psychology concepts.
- **Online Flash Cards.** These online flash cards allow students to practice terms and concepts interactively.
- **Glossary.** Provides quick reference to key terms.
- **Crossword Puzzles.** These puzzles offer another fun way to review.
- **Learning Objectives.** Lists the study goals for each chapter.
- **Careers in Psychology.** This area lets students explore what they can do with a degree in psychology.

www.thomsonedu.com/psychology/coon