

Chapter 8

Motivation and Emotion

Motivation Concepts and Theories

- Motivation—factors within and outside an organism that cause it to behave a certain way at a certain time
- Drive—an internal condition or impulse that activates behavior to reduce a need and restore homeostasis
- Incentive—external goal that “pulls” or “pushes” behavior

Theories of Motivation

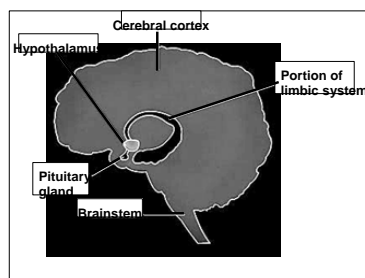
- Instinct—motives are innate
- Drive—biological needs as motivation
- Incentive—extrinsic things push or pull behavior
- Arousal—people are motivated to maintain optimum level of arousal
- Humanistic—hierarchy of needs

Drives as Tissue Needs

- Homeostasis—the constancy of internal conditions that the body must actively maintain
- Drives may be due to an upset in homeostasis inducing behavior to correct the imbalance.
- Animals do behave in accordance with their tissue needs (e.g., increasing or decreasing caloric intake, drive for salt).
- However, homeostasis cannot explain all drives.

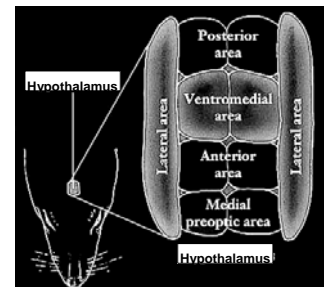
Drives as States of the Brain

The hub of many central drive systems lies in the hypothalamus.



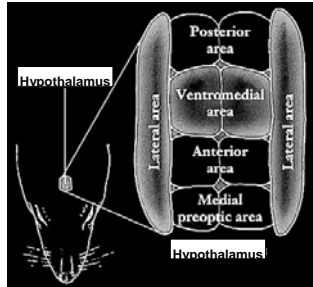
Hunger Drive

Two areas of the hypothalamus, the lateral and ventromedial areas, play a central role in the hunger drive



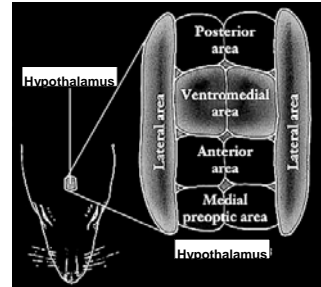
Lateral Area

However, chemical lesions to specific cell bodies reduce hunger drive as well as general arousal.



Ventromedial Area

- Lesions alter digestive and metabolic processes.
- Food is converted into fat rather than energy molecules causing animal to eat much more than normal and gain weight.



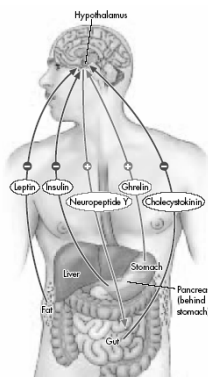
Hunger Drive

Other stimuli that act on the brain to increase or decrease hunger include:

- satiety signals from the stomach (CCK)
- signals indicating the amount of food molecules in the blood (insulin)
- leptin, a hormone indicating the amount of fat in the body
- internals vs. externals

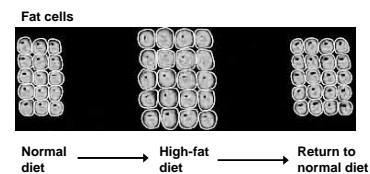
Research on Weight Regulation and Dieting

- No consistent personality trait differences found between obese and non-obese people (e.g., willpower, anxiety)
- Dieters and obese are more likely to eat in response to stress than non-dieters.
- Family environment of little importance in determining body weight; genetics plays a large role
- Number of fat-storage cells is a major determinant of body weight.



Research on Weight Regulation and Dieting

- Fat cells are determined by genetics and food intake
- They increase with weight gain, but merely shrink with weight loss; may stimulate hunger
- Weight loss causes a decline in basal metabolism

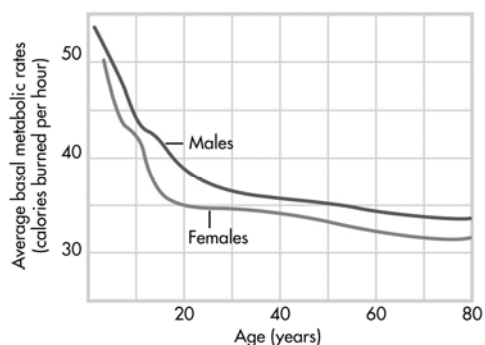


Effects of Culture and Habits on Body Weight

- Baseline body weight—cluster of genetic and environmental factors that cause a person's weight to settle within a given range
- Weight can be affected by factors like diet, exercise, and daily habits (e.g., stairs instead of elevator)

Basal Metabolic Rate

- The rate at which the body uses energy for vital functions while at rest
- Factors that influence BMR
 - Age
 - Sex
 - Size
 - Genetics
 - Food intake



Excess Weight and Obesity

- Obesity—condition characterized by excessive body fat and a BMI equal to or greater than 30.0
- Overweight—condition characterized by BMI between 25.0 and 29.9

Factors Contributing to Being Overweight

- Highly palatable food—we eat because it tastes so good
- SuperSize It—food portions are larger than necessary or health
- Cafeteria Diet Effect—more food and more variety leads us to eat more
- Snacking—does not cause us to eat less at dinner
- BMR—changes through the lifespan
- Sedentary lifestyles

Factors in Obesity

- Genetic susceptibility—some people are more likely to be predisposed to obesity
- Leptin resistance—condition where higher-than-normal levels of leptin do not produce desired physiological response
- Weight cycling—repeated dieting, weight loss, and weight gain tends to result in higher weight and reduced BMR

Eating Disorders

- Anorexia nervosa—characterized by excessive weight loss, irrational fear of gaining weight, and distorted body image
- Bulimia nervosa—characterized by binges of extreme overeating followed by self-induced purging such as vomiting, laxatives
- Binge-eating—disorder characterized by recurring episodes of binge eating without purging

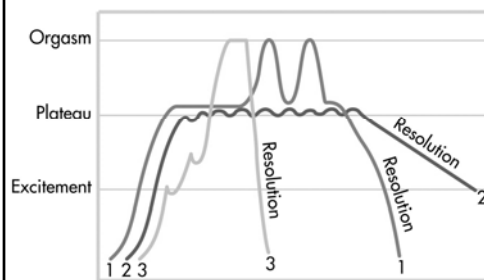


Human Sexual Response

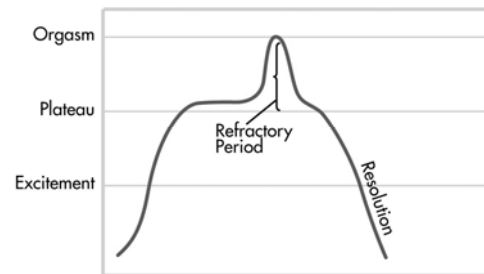
- Stage 1: Excitement—beginning of sexual arousal
- Stage 2: Plateau—increased physical arousal
- Stage 3: Orgasm—male ejaculates, female vaginal contractions
- Stage 4: Resolution—arousal subsides



**Female Sexual Responses:
Three Basic Variations**



Typical Male Sexual Response



What Motivates Sexual Behavior

- Necessary for the survival of the species but not of the individual
- Lower animals motivated by hormonal changes in the female
- Higher species less influenced by hormones and more by learning and environmental influences



Sexual Orientation

- Sexual orientation—direction of a person's emotional and erotic attractions
- Heterosexual—sexual attraction for the opposite sex
- Homosexual—sexual attraction for the same sex
- Gay—typically used to describe male homosexuals
- Lesbian—typically used to describe female homosexuals
- Bisexual—sexual attraction for both sexes



Determination of Sexual Orientation



- Genetics—role suggested by twin and family studies
- Brain structure—differences found in hypothalamus of homosexual and heterosexual men
- Complex issue with no clear answers

Some General Findings



- Sexual orientation is an early-emerging, ingrained aspect of the self that probably does not change.
- No consistent relationship between orientation and childhood experiences (e.g., parenting, abuse, sexual experience)
- Controversial findings suggest a possible relationship among prenatal stress, androgens, and the development of brain systems that play a role in sexual attraction.

Sexual Attitudes and Behaviors



- Reported differences between males and females in these areas have become less pronounced since the 1960s.
- Recent meta-analyses indicate that men tend to have more sexual partners, experience first intercourse at an earlier age, and masturbate more frequently than women.

Sexuality in Adulthood



- Majority of adults (80%) report having none or one sexual partner in the past year (marriage factor).
- Majority of men ages 18-59 have sex about seven times per month.
- Majority of women ages 18-59 have sex about six times per month.
- Vaginal intercourse is nearly universal as the most widely practiced sexual activity among heterosexual couples.
- 50 percent of older Americans reported sexual activity at least once per month.

Sexual Disorders and Problems



- Sexual dysfunction—consistent disturbance in sexual desire, arousal, or orgasm that causes psychological distress and interpersonal difficulties
- 41% of women and 31% of men report sexual problems
- Low desire and arousal problems common among women
- Premature ejaculation and erectile problems common among men

Paraphelia



Any of several forms of nontraditional sexual behavior where sexual gratification depends on an unusual experience, object, or fantasy

- Exhibitionism—arousal from exposing one's genitals to strangers
- Fetishism—arousal in response to inanimate objects (shoes, leather)
- Frotteurism—arousal from touching or rubbing against a non-consenting person, such as in a bus or subway

Gender Identity Disorder

- Persistent discomfort about one's physical gender along with the desire to be a member of the opposite sex
- Previously termed "transsexualism"
- May undergo hormone treatment or sex-reassignment surgery

Sexually Transmitted Diseases (STD)

- STD—any of several infectious diseases transmitted through sexual intercourse or other sexual contact
- Of the 12 million cases of STDs diagnosed annually in the US, about 8 million are among people under 25 years of age
- Many STDs have mild or no symptoms, yet left untreated can cause serious health problems

AIDS Epidemic

- Acquired immune deficiency syndrome—caused by exchange of bodily fluids (blood, blood products, semen) containing the human immunodeficiency virus (HIV), which attacks and weakens the immune system
- HIV can stay in the body for many years without apparent symptoms
- As the HIV attacks the immune system, the person becomes very susceptible to other opportunistic diseases (pneumonia, cancers)
- Highest risk groups are gay men, IV drug users sharing needles, and people with multiple sex partners

Prevention and Treatment

- There is currently no cure for AIDS, but it can be treated with complex "drug cocktails," which improve quality and duration of life but have many side effects and are extremely expensive.
- Prevention is possible using condoms, not engaging in other high risk behaviors such as sharing needles, and improved blood screening and infection control in health care settings.

Humanistic Theories

Abraham Maslow suggested that motives are divided into several levels from basic survival needs to psychological and self-fulfillment needs.



Table 8.3

Maslow's Characteristics of Self-Actualized People

Realism and acceptance	Self-actualized people have accurate perceptions of themselves, others, and external reality. They easily accept themselves and others as they are.
Spontaneity	Self-actualized people are spontaneous, natural, and open in their behavior and thoughts. However, they can easily conform to conventional rules and expectations when situations demand such behavior.
Problem centering	Self-actualized people focus on problems outside themselves. They often dedicate themselves to a larger purpose in life, which is based on ethics or a sense of personal responsibility.
Autonomy	Although they accept and enjoy other people, self-actualized individuals have a strong need for privacy and independence. They focus on their own potential and development rather than on the opinions of others.
Continued freshness of appreciation	Self-actualized people continue to appreciate the simple pleasures of life with awe and wonder.
Peak experiences	Self-actualized people commonly have peak experiences, or moments of intense ecstasy, wonder, and awe during which their sense of self is lost or transcended. The self-actualized person may feel transformed and strengthened by these peak experiences.

SOURCE: Based on Maslow (1970).

Self-Determination Theory

- Optimal human functioning can occur only if the psychological needs of autonomy, competence, and relatedness are met.
- Proposed by E. L. Deci and R. M. Ryan

Self-Determination Theory

- **Autonomy**—need to determine, control, and organize one's own behavior and goals
- **Competence**—need to effectively learn and master challenging tasks
- **Relatedness**—need to feel attached to others

Arousal Theory

- People are motivated to maintain an optimum level of arousal—neither too high nor too low
- **Curiosity motive**—helps us understand our environment

Sensation Seeking

A person high in sensation seeking tends to look for exciting (and sometimes risky) activities.

Competence and Achievement

- **Competence motivation**—behavior aimed at demonstrating competence and exerting control in a situation
- **Achievement motivation**—behavior aimed at excelling, succeeding, or outperforming others at some activity

Concept of Emotion

A class of subjective feelings elicited by stimuli that have high significance to an individual

- stimuli that produce high arousal generally produce strong feelings
- are rapid and automatic
- emerged through natural selection to benefit survival and reproduction



Basic Emotions

- Fear, surprise, anger, disgust, happiness, sadness
- Basic emotions are innate and “hard-wired”
- Complex emotions are a blend of many aspects of emotions
- Classified along two dimensions
 - Pleasant or unpleasant
 - Level of activation or arousal associated with the emotion



Physical Arousal and Emotions

- Sympathetic nervous system is aroused with emotions (fight-or-flight response)
- Different emotions stimulate different responses
 - Fear—decrease in skin temperature (cold-feet)
 - Anger—increase in skin temperature (hot under the collar)



Brain and Emotions

Amygdala

- evaluate the significance of stimuli and generate emotional responses
- generate hormonal secretions and autonomic reactions that accompany strong emotions
- damage causes “psychic blindness” and the inability to recognize fear in facial expressions and voice



Emotion and Facial Expressions

- Each basic emotion is associated with a unique facial expression.
- Facial expressions are innate and “hard-wired”.
- Innate facial expressions the same across many cultures.
- Display rules—social and cultural rules that regulate emotional expression, especially facial expressions.



Theories of Emotion

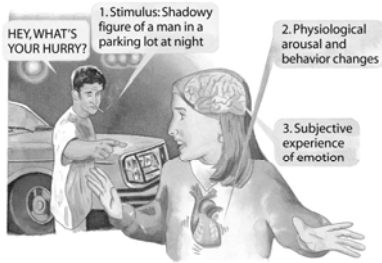
Common-Sense Theory



Common sense might suggest that the perception of a stimulus elicits emotion which then causes bodily arousal

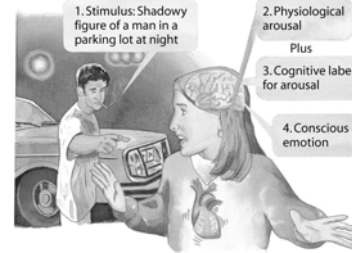


James-Lange Theory



1. I see a man by that parked car.
2. I am trembling and running away.
3. I am afraid!

Two-Factor Theory



1. I see a man by that parked car.
2. I am trembling.
3. My trembling is caused by fear.
4. I am afraid!

Cognitive-Mediational Theory

- Emotions result from the cognitive appraisal of a situation's effect on personal well-being.
- Similar to two-factor, but cognitive mediational theory's emphasis is on the cognitive appraisal as the essential trigger for the emotional response