Adventures in Psychology

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Social Psychology

INTRODUCTION

So many things in life arouse an individual's curiosity. One of the most curious things for me is people and their behavior. In other words, I am always curious to know why individuals and groups behave as they do. Not only doing acquaintances and even strangers cause us to puzzle over actions, words, attitudes and behaviors, but there are also people who are close to us who surprise us on a daily basis. This has to do with behavior, actions, and reactions of people to issues of daily life. We, ourselves, surprise other people also. It is difficult to generalize about human behavior by observation alone.

To understand human behavior requires more objectivity through research that can help us go beyond the elementary stages of behavior and development.

In this research, I will try to discuss major topics in Social Psychology, which will help give us some basic understanding in human behavior. It is my hope to do some application from a Christian perspective as I explore on these topics. The Christian perspective will not be thorough, but can be a means of getting you to think of additional insight and values to explore.

DEFINITION OF SOCIAL PSYCHOLOGY

Social Psychology deals with the psychology of individuals in society. It is the combination of psychology and other social sciences that exam the influence of society on individuals and differentiates individuals from one another.

Social Psychology uses concepts and research findings that deal with social issues. Included in these issues are conflict, prejudice, propaganda, conformity, and leadership. There are two things make Social Psychology distinctive: (1) the part the individual plays in social relationships and (2) the understanding of the processes affecting the regularity in these relationships. (Hollander 1981).

As Paul D. Meier and others put it, Social Psychology is concerned with social influences upon the individual (Meier and Minirth 2000).

I view Social Psychology to be a Subfield of Psychology that goes on to clarify how the actual, implied, or imagined presence of others influences the feelings, thoughts, and behavior of other individuals.

SOCIAL PERCEPTION

Social Perception is the process that we use to critically obtain important social information of others (Allison et al., 2000). There are many possible strategies to evaluate, assess and make judgments of people.

IMPRESSION FORMATION

When we meet someone for the first time, we immediately begin to create or form impressions. We also begin to form impressions about ourselves, even though this usually happens subconsciously. The attributes we see when forming first impressions involves perceptions such as race, gender, age, attire. What we see as physically attractive or unattractive influences those first impressions. Such attributes combine with a person's verbal and nonverbal behavior in establishing first impressions.

Wood mentions the research of Chaplin in his comment on impression formation as something as simple as a firm handshake that can make a powerful impression. This shows whether a person is positive, confident and outgoing, or shy or weak-willed. (Wood & Boyd 2005). An interesting point in research study shows that when we are happy our impressions of others are usually more positive than when we are unhappy.

Many studies show that previous information received very often influences our initial perceptions of another individual or group. Even if we get different information later on, the initial opinion formed about a person often becomes the framework for interpreting later information acquired about that person or group, a concept or phenomenon called the "primacy effect".

We also evaluate others on the ground of what they do and why we think they do what they do (Lahey 2007). It is easy to get the whole thing wrong when we underestimate the social situation effect and overestimate the importance of personal characteristics.

First impressions on a general basis are important in the process of a person-perception. The order in which we learn information about a person can greatly influence our perception of that person. Every person has a good day and bad day. Fortunately, or unfortunately, our perception is greatly influenced by whether the perception was formed on a good or bad day.

Imagine that you have an appointment with a Bible college president. The day before your appointment the president worked very late and on the day of your appointment, his receptionist informs you that he is not prepared to receive any visitors and you have traveled a long distance for a scheduled appointment. What will be your impression of him? Whatever you think of him is what we call first impression (primacy effect).

First impact of first impressions is greatly reduces via three conditions from several researches made by Lahey from (Belmore 1987 and Hovland 1957). The three conditions are:

1. Prolonged exposure to a person that tends to reduce the importance of your first impression of a person
2. Passage of time

Like anything else, first impressions tend to be forgotten overtime. In other words, if a substantial period passes between first and subsequent impressions, the more recent impression will be of greater importance.

3. Knowledge of primacy effects

The primary effect reduces when an individual or group becomes aware to guard against influence by first impressions.

ATTRIBUTION

When trying to gain some understanding as to why people do the things they do, we make attributions. Attribution means, 'to assign or give reason in order to explain the behavior of others or of ourselves'. The following, highlights four aspects of attribution from several researchers:

1. Situational Attribution

Situational attribution is also known as external attribution. In this, we attribute a person's behavior to external causes or factors operating within the given situation. For example, when someone does not pass a test, he or she may say, "the test was unfair", or "there was not enough time given for the exam."

2. Dispositional Attribution

A dispositional attribution is identified as an internal attribution. This is where we attribute behavior to internal causes, personal traits, motives or attitudes. A student may attribute poor grade in an exam to lack of ability or poor memory. Situational attributions explain our failures. In this view, we can attribute our failures to factors in a given situation. However, we focus on personal factors rather than on factors operating within the situation when we explain other people's failures. (Jones & Nisbett, 1971).

3. Actor-Observer Effect

The actor-observer effect implies, 'the tendency for one to attribute personal shortcomings primarily to situational or external factors, and others to internal or dispositional' (Wood & Boyd, 2005).

One researcher gives an example of the actor-observer effect using the Catholic and Protestant activist group in Northern Ireland. Each group attributes the violence of the other group to dispositional characteristics, "they are murderers and they have evil intention". In addition, each group attempts to justify its own violence by attributing it to situational causes "we were just protecting ourselves, we were only retaliating" (Hunter, et al 2000).

4. Self-Serving Bias

The fourth aspect to deal with here is the self-serving bias. We use the self-serving bias when we attribute our successes to dispositional causes and blame our failures on situational causes. For instance, if you are interviewed for a job and get it, you tell yourself it is because you have the right qualifications; if someone else gets the job, you say it was because that person knew the right people (Brown & Roger 1991).

As we observe others, we tend to make inferences about their actions. Sometimes we are right about the causes of behavior and sometimes we are wrong. Either way, it affects how we act in social situations. To learn how we fill in the "person behind the mask", we need to consider carefully the making of attributions (Coon 2003).

Let us consider a case for attribution in behavior. James and Sarah sit at the dinner table for lunch. They ask for different meals. James salts his food before he tastes it. Sarah tastes her food before she salts it. How would you explain their behavior? The attribution would be James really likes

salt. We assume that his behavior is internal, that it lay within such as need preferences and personality traits. As for Sarah, we might assume that the food needed salt. We attribute her actions to an external cause, one that lies outside.

CHRISTIAN PERSPECTIVE

Many Cults deprive their members of things, such as food, sleep, and even contact with family members and anyone outside of their membership. People get involved in a cult by relying on first perceptions. These people in the cult think that the deprivations will somehow satisfy the needs in their life.

There is also a strong tendency that people misunderstand the message of the gospel of our Lord and Savior Jesus Christ. One way this happens is that people read into the Bible what they want to see. Rather than look into the Scriptures and study to see what a passage says in its original context (hermeneutics), they center on topics they like and take scripture out of context and twist it to say what suits their topics.

The best way in dealing with these issues is for a Christian to allow the Bible to interpret itself. Christians must also be able to preach and teach the word of God based upon exegetical study without adding personal opinion, perception and concepts of things. God's Word still applies to our lives today and can speak to our culture and experience, but our culture and experience must not interpret Scripture.

ATTRACTION

Most of us have someone to whom we are attracted, fall in love, and want to marry. Additionally, there are people we encounter who become great friends while there are others to whom we may react negatively or people we may simply choose to ignore. So many factors are responsible.

FACTORS INFLUENCING ATTRACTION

Proximity or physical or geographic closeness is one of the factors. It becomes easier to get friendly with people who are nearby (Wood & Boyd 2005). One reason proximity is important is because of what is known as mere-exposure effect. Mere-exposure outcome is a tendency to feel positively toward a stimulus due to frequent exposure to it.

Our emotions and moods, either negative or positive, influence how much we can be attached to those we meet. We may develop positive or negative feelings toward others simply because they are present when good or bad things happen to us. We also tend to like or be attracted to people who like us or we believe they like us. This attraction is termed reciprocal liking or reciprocity. Interpersonal attraction is the very basis for most of the voluntary social relationships. We look for lovers and friends who are kind and understanding, who possess attractive personalities, and who also like us in return (Sprecher 1998).

From grade school through life, we tend to make friends of the same age, gender, race, socioeconomic class, similar interests and attitude toward leisure-time activities.

PHYSICAL ATTRACTIVENESS

Physical attraction is one of the most influencing factors when it comes to attraction. People of all ages have a strong tendency to prefer physically attractive people. How people behave, especially

the simple act of smiling influences our perception of their attractiveness (Reisetal, 1990). In addition to this, physical appearance matters as well.

Research made by Langlois and Roggman (1990) reported that perceptions of attractiveness are based on features that are approximately the mathematical average of the features in a general population.

Let us see why physical attractiveness matters in social psychology. When an individual has one trait that we either admire or hate very much, we usually assume that the person also has some positive or negative traits, which may or may not be true. This phenomenon is termed the halo effect (Feingold, 1992).

We view attractive people as more exciting, interesting and socially desirable than unattractive people. As Dipboye (1975) puts it, job interviewers are more likely to recommend highly attractive people. On the other hand, Social Psychologists Eagly and others (1991) suggest that the impact of physical attractiveness is strongest in the perception of strangers. Once we get to know someone, other qualities assume more importance. As we develop likeness for someone, we begin to look them as more attractive to us, while someone with what we consider undesirable personal qualities looks less attractive.

ROMANTIC ATTRACTION AND MATING

We are likely to end up with a partner similar to ourselves in physical attractiveness and other assets. Couples mismatched in attractiveness are more likely to end the relationship (Cash & Janda 1984). Fear of rejection is one of the major things that keep many from going after those whom they consider more attractive than themselves. You will see that instead of marrying an extremely handsome man, as Wood puts it, a very beautiful woman may opt for money and social status. Some handsome men do the same as well.

I agree with Robert Winch (1958) that men and women tend to choose mates with needs and personalities that are complementary rather than similar to their own. Complementary needs are not necessarily opposite, but often supply what the partner lacks. For example, a person who talks a lot would prefer to marry to person who is quiet and prefers to listen.

However, research made by Psychologist's shows that similarity in needs is mainly what attracts (Buss, 1984; Philips and others, 1988). Similarities in personality, intellectual ability, socioeconomic status, religion, ethnicity, education, attitude, and physical traits greatly impact choosing a partner.

There is a difference between attraction and interpersonal attraction. We base romantic love on interpersonal attraction, and high levels of emotional arousal or sexual desire. When it comes to dating, couples develop their relationship so that they not only like but also love their partners, while with others they just like being their friends. The experience with friendships is different. We like our friends. Liking is affection without passion of deep commitment.

Psychologists believe that evaluation leaves an imprint on men and women that influence everything from sexual attraction and infidelity, to jealousy and divorce. According to David Buss, the key to understanding the human mating pattern is to understand how evolved behavior patterns guide our choices (Buss 1994).

Buss studied thirty-seven (37) cultures on six of the seven continents and found that men are more interested in casual sex; and that they prefer younger, more physically attractive partners. Men get extra jealous over real or imagined sexual infidelities as compare to they do over some losses of an

emotional commitment. Women, however, would prefer slightly older partners who seem to be higher in status, industrious, or economically successful. Women get more upset over a partner who becomes emotionally involved with someone else rather than one who is sexually unfaithful (Buss 1994, 2000; Regan and others 2000). My observations agree with the findings confirmed in Buss's studies, having lived in or visited many African countries for the past thirty-nine (39) years, including my native country of Liberia.

Why do such differences exist between men and women? Psychological research shows that it largely depends upon response to reproductive challenges faced by men and women. As a rule, women invest more time and energy in reproduction and nurturing the young than men do. In light of this, women are keenly interested in whether their partners will stay with them and whether their mates have the resources to provide for their children.

In contrast, the reproductive success of men is depended on their mates' fertility. Men tend to look for health, youth, and beauty in a prospective mate as sign of suitability for reproduction (Pines, 1998). It is based on this perspective that some older men abandon their first wives for younger and more beautiful wives.

The evolutionary theory explains that males demand sexual fidelity from their mates because they want to be sure that they fathered any children born to their partner. From a biological perspective, men do not benefit from investing resources in children they did not sire (Schmit and Buss, 1996).

CHRISTIAN PERSPECTIVE

Considering factors influencing attraction such as physical, romantic, and mating as was researched, we can also see this in the Christian Community.

Attraction influences our emotions, which can be positive or negative. The best thing is to have our attraction centered in Christ and in Christian values. When it comes to romantic attraction and mating, the entire social concept discussed must be considered or taking into account. However, because we are social beings, sight and feelings may influence, but should not control the Christian.

We must look at the principles of an ideal relationship put forth in the revealed word of God (the Bible), beginning with a personal relationship with Christ as our Savior and Lord. Psalms 127:1 says, "Unless the Lord builds the house, its builder's labor in vain". Accept yourself as a person created by God. (Genesis 1:26 says, "Then God said, "Let us make man in our image and likeness". Accept your mate as he/she looks. Ephesians 4:1-3 says, "As a prisoner for the Lord, live your life worthy of the calling; be humble, patient, and gentle in dealing with one another in love".

GROUP AND SOCIAL INFLUENCE

Here we will look at the effect of being a member of a group. Some of what we will explore may make you embarrassed to be a member of the human race. However, you can understand the power of social influence only by looking at both its positive and negative aspects.

Some of the social groups in which we find ourselves are families, team, tribes, parties, troops, sects, gangs, community, clan, nation, crowds, and companies and others. Involvement in these groups counts as a basic fact of social life (Coon 2003). The way groups influence our behavior because we are member of a group called "Psychology Class". It would be prudent for us to discover how much these social groups influence our behavior. Whether we believe it, like it or not, we influence others and, in turn influenced by them.

CONFORMITY

When we talk of conformity, we are talking about yielding to group pressure, to act as everyone else does, even without any direct request. As member of a group, we tend to behave as others in the group. We tend to conform.

A most informative and classic study of conformity was conducted by Solomon Asch (1956). In his experiment, he used college students to serve as research participants in an experiment that he said concerned visual perception. In one of Asch's experiments, he undertook series of experiments to investigate the effects of group pressure. A subject entered a room with six other people, presumably fellow participants in the research project. Asch told the group that the subject of the study was perception. Group members were instructed to compare three lines drawn on one card with a line drawn on another card. Then each person decided which one of the three lines on the first card was the same length as the line on the second card (Asch 1951).

While one of the three lines was clearly the same length as the line on the second card, six people in the group gave the wrong answer (they were previously been told to do so, without the seventh person's knowledge).

About one-third of naïve individuals conformed to the other six. If you repeat the task seven times, you will discover that eighty percent conform at least once (Meier and others 2000). Additionally, if the decision of the seventh subject was anonymous or one person gave the right answer, there was still far less conformity on the part of the seven persons.

When we look at culture and conformity, Bond and Smith (1996) show us that culture is an important factor that influences conformity. Solomon Asch's (1956) experiment as Lahey (2007) puts it, shows conformity in the judgment of the length of lines was rejected at least 133 times in 17 different cultures. Conformity occurs in all cultures, but persons from individualistic cultures, which place an emphasis on the welfare of the individual, may respond differently than cultures where conformity is more the norm.

In considering gender and conformity, tradition stereotypes males to be more independent and less likely to conform than females. Research conducted before the mid-1950s suggested that females were more likely to conform than males. Nevertheless, recent research has revealed that this is no longer the circumstance (Eagly 1978; Eagly & Johnson 1990).

Conformity is a form of normal neurosis, a psychological problem that is socially acceptable. The cost is at the high point of not conforming while the rewards are often slim; thus, people tend not to question the assumptions of their culture. Much African conformity is within their various ethnic grouping.

OBEDIENCE

One of the most fascinating and often frightening aspects in Social Psychology has been research on obedience. The behavior of soldiers prompted this research. In World War II and other wars (Liberian civil war 1989-2003), soldiers committed unthinkable atrocities when ordered to do so. Who would cooperate in abusing and murdering six million Jews during the Holocaust of World War II? Who would disobey such an order? The surprising answer from research is that most of us fit into the category of those who would obey (Lahey 2007).

Stanley Milgram (1963, 1965) conducted a series of studies that cast a glaring light on the subject of obedience. In Milgram's obedience research, the study asked the participants to imagine answering a newspaper ad to take part in a "learning" experiment at Yale University. When they arrived, someone flipped a coin. A second person, a pleasant-looking man in his 50s was designated the "learner". By chance, the newcomer became the "teacher".

As Coon (2003) relates the research of Milgram's obedience studies, the teacher in the experiment task read a list of words pairs. The Learner's task was to memorize them. He was required to punish "the learner" with an electric shock each time he made a mistake. The learner goes to an adjacent room while "the teacher" notices as the learner is strapped in an electric chair apparatus with electrodes attached to his wrists. The teacher was escorted to a position in front of a shock generator. On this device is a row of thirty switches marked from 15 to 450 volts. Corresponding labels range from "slight shock" to "extreme intensity shock" and finally "danger: severe shock." The "teacher" was instructed to shock the learner each time he made a mistake, beginning with 15 volts and move one switch (15 volts) higher for each additional mistake.

As the experiment begins, and the learner soon makes his first error, the teacher flips a switch. More mistakes and rapidly the teacher reached the 75-volt level. The learner moans after each shock. At 100 volts, he complains that he has a heart condition. At 150 volts, he says he no longer wants to continue and demands release. At 300 volts, he screams and says he can no longer give answers.

At some point during the experiment, the teacher protests to the supervisor. "That man has a heart condition"; "I'm not going to kill him". The supervisor calmly says, "Please continue". Another shock and another scream from the learner, the teacher exclaims, "I am not going to give the 450 volts". However, the supervisor simply says, "the experiment requires that you continue even when the learner refuses to answer any more questions and screams with each shock (Milgram 1965). The learner falls chillingly silent for the remainder of the experiment.

It is very hard to believe many people would do this. From this research, I noted that Milgram also doubted that many people would obey his orders. A group of psychiatrists predicted that a little less than one percent (1%) of those tested might obey. However, the astounding fact was that sixty-five percent obeyed completely by going all the way to 450-volts level.

`Before we go on, you need to know that the "learner" did not really receive any shocks. An actor pre-recorded the screams and the tape played when each 'shock' was administered. No shocks really happened, but the dilemma for the "teacher" was quite real. Many 'teachers' protested, sweated, trembled, stuttered, bit their lips, and laughed nervously. Clearly, what they did disturbed them. Nevertheless, most obeyed the supervisor's orders.

Let us now consider Milgram's follow-up on the studies on obedience. In answering the question as to why so many people obeyed, suggesting that the prestige of Yale University contributed to subjects' willing to obey. The 'teachers' assumed that the professor running the experiment would not really allow anyone to be hurt. To test this theory, the experiment was duplicated at an office building near Bridgeport, Connecticut. This time forty-eight percent, slightly fewer obeyed, but the reduction was minor.

Milgram was disturbed at the willingness of people to knuckle under to authority and senselessly shock someone. In later experiments, he tried to reduce obedience and found that the distance between the teacher and the learner was important. When teachers were in the same position as students, only forty percent of them obeyed fully. When they were face-to-face with a learner and required to force

his hand down on a simulated "shock plate" there are only thirty percent that obeyed. The distance from the authority also had an effect. When the supervisor gave his orders over the phone, only twenty-two percent obeyed (Coon 2003).

Milgram's research raises nagging questions about our willingness to commit antisocial or inhumane acts commanded by a legitimate authority. The excuse so often given by war criminals "I was only following orders" suggests that when directions come from an authority, people rationalize that they are not personally responsible for their actions. An example close to my heart is the civil war from 1989-2003 in my home country of Liberia. So many innocent people died. Massacres were committed through orders received from leaders in power. People also obeyed orders to keep their jobs. They willingly carried out orders that they personally regard as dishonest, unethical or harmful.

As Coon noted from Milgram's research, Milgram found in one of his experiments that group support could greatly reduce destructive obedience. When the actual subjects observed two other "teachers" (both actors) oppose instructions and walk out of the experimentation, and only ten percent (10%) continued to obey.

COMPLIANCE

We have dealt with conformity when the pressure to get in line with others is usually indirect. We also looked at obedience when the authority commands obedience and the pressure is direct and difficult to resist. Now we come to the third concept known as compliance in Social Psychology. This usually occurs when someone bends to the requests of another person who possesses a little or no authority. There are common pressures to comply. For example, a friend asks you to make a call on your phone or a sales clerk suggests that you buy two shirts instead of only the one shirt you intended to buy or a colleague asks you for two dollars for transportation fare.

What determines whether a person will comply with a request? There are so many factors involved. However, we will consider herein three basic factors mentioned in research by Coon (2003), Wood and others (2005) as being of great importance.

The first technique or factor is the foot-in-the-door technique, that is designed to gain a more favorable response to small request. It is intended to make the person likely to agree later to a greater request (Dillard 1991). For an instance, if asked by somebody to put a sign in your yard to encourage safe driving, you would possibly refuse. Nonetheless, if you have been previously asked to put a small sign in your window, there is a tendency you would later consider to accept a big sign in your yard (Freedman & Fraser, 1996).

The next is the door-in-the-face technique, where you first receive a large unreasonable request. The expectancy here is that you will disagree but will more likely respond favorably to a much smaller request later. In one study on the door-in-the-face technique, college students were asked to agree to serve without pay as counselors to juvenile delinquents for two hours each week for a minimum of two years. As you would imagine, not a single person agreed (Cialdini and other, 1975). Then, the experimenters presented a smaller request, requesting if the students would come to an agreement to take a group of juveniles on a two-hour trip to the zoo. Half the students agreed; a relatively high compliance rate. The researcher used another set of college students as controls, requesting them to respond only to the smaller request, about the zoo trip only. Only seventeen percent agreed with the smaller request not preempted by the larger.

The last of the three techniques used to gain compliance known as low-ball-technique, makes a very attractive initial offer to get people to commit themselves to an action and then the terms made less favorable. The example of low-ball-technique could be when a friend asks you to loan him fifty dollars for a day. This might possibly be easy to do. Then, after you have given him the money, he tells you that it would be easier for him to pay the money back within two weeks when he is paid. If you agree to this request, then you have succumbed to the low-ball-technique. Another example is if you ask someone to give you a ride to class at your university campus on Monday. When the person agrees, you tell him that you have to be on campus at 8:00 a.m. If the person still agrees to give you a ride, then the low-ball-technique you used was successful.

SOCIAL FACILITATION

Individual performance can be either help or hinder by the mere physical presence of others. When we talk about social facilitation in Social Psychology, we refer to any effect on performance, whether positive or negative attributed to the presence of others. Considering the phenomenon of this research, there are two types of effects. Namely, the audience effect, which is the impact of passive spectators on performance, and the co-action effect, which is the impact on performance caused by the presence of additional people engaged in similar task.

According to Wood (2005), in one of the first studies in Social Psychology, Norman Triplett (1989) looked at co-action effects. He sensed in official documents that a bicycle racer pedaled faster when pedaling against other racers as compare to when racing against the clock. The question posed, "Was this type of concert peculiar to competitive bicycling?" However, was it part of a general phenomenon whereby people would tend to work faster and harder in the company of others than when performing alone? Triplett then set up a survey in which he instructed forty children to wind fishing reels as fast as possible. The conditions were to work alone or in the presence of other children performing the same task. He found out that children worked faster in the case that other reel turners were present. However, later studies on social facilitation found that in the presence of others, the performance of people improves on easy tasks, but suffers on difficult tasks (Michaels and others 1982).

SOCIAL LOAFING

Latane used the term social loafing to refer to people's tendency to put forth less effort when they are working with others on a common task than they would do when they are working alone (Latane and others, 1979). Social Loafing arises in situations when a person's contribution to the team is not specifically identified and people are neither praised nor responsible for either good or poor performance. This is a problem in many work places.

I have experienced social loafing among the students at the school my wife runs. All the students were to clean up the campus. The girls were to pull the weeds around the building and the boys were to cut the grass around the campus. However, with no one assigned a specific task, but only told to work together, the result was poor. Many students never put forth effort to get the work done. From 8:00 a.m. to 2:00 p.m., with only twenty-five percent of the work done, the students had to come the next day to complete the work.

The next day we decided to assign the work to the students on an individual basis. This time every student was busy doing his or her work and the cleanup was quickly completed. They worked from 8:00 a.m. to 12:00 noon with about eighty percent (80%) of the work done.

One thing that can be done to help resolve the problem of social loafing is when participants are made to believe that the performance both of the group and individuals in the group will be evaluated in whatever task they are doing.

GROUP POLARIZATION AND GROUP THINKING

Research indicates that groups tend to make more moderate decisions than does the individual. However, research made by Isenberg and Lamn (Isenberg, 1986, Lamn, 1988) shows that group discussion often causes members to shift to extreme positions in whatever direction the group was leaning initially, a phenomenon known as group polarization.

Research made by Myers and Bishop (1970) found that group polarization can lead group discussions of racial issues to either increase or decrease prejudice. Having looked at the research put forth by these psychologists, I learned that group members do not always lean in the same direction. At the beginning of the discussion, when subgroups within a larger group hold opposing views, compromise rather than polarization is likely the outcome.

Social influence is also manifest in a phenomenon called group thinking. Group thinking is a term Social Psychologist Irving Janis (1982) applies to the decision-making approach often seen in tightly knit groups. When a group is more concerned with keeping its solidarity and homogeneity than with objectively assessing all other possibilities in decision making, individual members may hesitate to voice any dissent. Much of the time the group discredits opposing views from outsiders and believes it is incapable of making mistakes. Janis suggests that it is necessary to encourage open discussion of alternative views and the expression of any objections and doubts. He also recommends that outside experts sit in and challenge the views of the group. At least one group member should take the role as devil's advocate when evaluating a policy alternative.

The example that Meier and others put forth is a clear example of a Group-thinking situation. The authors (Meier and others 2000) once attended a small country church where the congregation was evaluating a pastoral candidate. They called a congregational meeting to discuss the candidate. The meeting opened with a strong call for unity from one of the elders. In this "family church", one of the oldest members, related to nearly everyone, voiced his approval of the candidate, in spite of rather questionable credentials. The vote was unanimous. Unfortunately, the negative effects of the group thinking decision became apparent when the new pastor preached an explicitly detailed series of sermon on sexual perversions.

SOCIAL ROLES

Social roles are socially well-defined behaviors considered suitable for individuals occupying a particular position within a certain group. These social roles shape behavior, often quickly and dramatically. An experiment by psychologist, Philip Zimbardo (1972) on prison experience, explains his research. College students, randomly assigned to be either guards or prisoners, were dressed in appropriate attire. The guards, wearing uniforms, enforced harsh rules. The prisoners, stripped naked and searched, were handed prisoners uniforms, and locked away in small, bare cells. Most of the guards quickly adapted to their new role, some even to the extent of becoming heartless and uncompromising. One guard compelled some prisoners to clean commodes with their bare hands. At this point, the prisoners began to act debased and subservient. Zimbardo's experiment concluded after only six days because the role-playing became all too real in a very short period.

Social roles also have positive effects on behavior. Palinscar and Brown (1984) in conventional research, examining teenagers with learning disabilities, reported students learning behaviors to be powerfully affected by being assigned to play either the "teacher" or the "student" role in group study sessions.

When people are working together in groups, each individual's effort needs to be coordinated with those of others to avoid chaos. Every society and culture have developed many social roles and social norms to give guidelines for expectations. Social roles tell us of behavioral expectations. These roles have a powerful impact on the behavior of individuals. When placed in a new role, behavior often changes to fit the role.

CHRISTIAN PERSPECTIVE

As Meier and others discuss conformity, they suggest that if an Evangelist wants to avoid conformity and obtain genuine decisions for salvation, the raising of hands publicly should be avoided because it influences others to come forth who have not really decided to give their lives to Christ. On the other hand, credibility is very important for Christians. Obedience to God's Word builds character and credibility.

ATTITUDES AND ATTITUDE CHANGES
ATTITUDE

In Social Psychology, the concept of attitude is pivotal. Social Psychologists define attitude as "beliefs that predispose us to act and see in certain ways". The definition has three components:

a) beliefs, such as the belief that door-to-door sales people are generally dishonest
b) feelings, such as a strong dislike for door-to-door sales people and
c) Dispositions to behave may already be built into our psyche, such as a readiness to be rude to them when they come to the door (Lahey 2007).

Let us consider where attitudes come from and what causes them to change. The beginning of attitude is obvious. We acquire them in several basic ways. They come from direct contact from personal experience with the object of the attitude, such as fear of swimming. Interactions with individuals holding a specific attitude, such as child rearing, parental values, group membership and affiliation, and certain beliefs and practices with others (Coon 2003) influences attitude. Additional influences on attitude include mass media, such as magazines and television with its violence that leads some people to develop and regard the world as a dangerous and threatening place (Heath and Gilbert, 1996); and chance conditioning.

There are often large differences between attitudes and behavior. This has to do with attitudes particularly held in private and public behavior. The barriers to action easily fall when a person holds an attitude with conviction. Attitudes kept with passionate conviction usually led to major transformation in personal behavior.

Behavior can also affect attitudes just as attitudes can affect behaviors (Hollander, 1981). Among the most important developments in the Social Psychology of attitudes is the recognition of the two-way relationship of attitude and behavior.

COGNITIVE DISSONANCE

Persuasion is an important source of attitude change, but the discrepancy that frequently exists between our attitudes and behavior is another key cause of changed attitudes. Attitude is partially defined as, "disposition to behave". However, there is sometimes a great difference between attitude and behavior. For example, there were people who held attitudes strongly opposed to the Liberian civil war but at the end got involved in it because of ethnic, religious, economic and political sentiments. On the other hand, an individual may have a good attitude toward certain products on the market, but may not buy the product.

The interesting point is that when behavior and attitude is inconsistent, the attitude often changes to match the behavior rather than the other way around. Leon Festinger (1957) proposed the theory of cognitive dissonance to explain the tendency of attitude to shift to be consistent with behavior. This theory has brought forth one of the greatest controversies and most interesting research in Social Psychology. It states that when there are inconsistencies between attitude and behavior to the point of making the person uncomfortable, such discomfort motivates them to do what they can to reduce the discomfort, or dissonance.

Lahey (2007) gives a clear example that could help us explain the theory of cognitive dissonance. If you smoke cigarettes (behavior), you know that cigarette smoking is the leading cause of lung cancer and other serious diseases (attitude), your behavior and attitude are inconsistent, which produces dissonance. The theory predicts that either your behavior or attitude will change to reduce the discomfort. In the cigarette-smoking example, the person could change the behavior and stop smoking but it is difficult for smokers. The unfortunate thing about this is that human beings often reduce dissonance in the easiest way possible. In the smoking case, it might be easier to change their attitude toward smoking. Many smokers say that the research linking cancer and smoking is not true. Some say, "So what if smoking causes cancer; I will die of something anyway". We see that these are irrational and self-defeating arguments, but they are some effective ways of reducing dissonance.

In classic research, Festinger and Carlsmith (1959) placed research participants alone in a room to play a boring game. After completing the game, participants were instructed to tell the next participants that the game was fun. They got assignments in one of two experimental teams. One team was paid $1 for abiding by instructions, while the other team was paid $20. The researchers assumed that the conflict between participants' self-esteem and their lying behavior would cause cognitive dissonance. How could participants resolve dissonance to get rid of the threat to self-esteem caused by lying? Festinger and Carlsmith had hypothesized that participants paid $1 resolved their conflict by convincing themselves that the game really had been fun--a change in attitude. By contrast, participants paid $20 resolved their conflict by justifying their actions based on receiving a large sum of money relative to the amount of effort required to lie to the next participant. As a result, they did not view the lie as a threat to their self-esteem.

As Meier and others (2000) put it, dissonance is a part of our daily life. For example, if a woman needs to decide between two men to marry. If the two men have an equal number of good qualities and deficits, the woman will have what psychologists call an "approach-avoidance conflict". This occurs because of two contradictory opinions held at the same time. She will probably make a decision, and then experience dissonance because of the positive qualities of the man she did not choose. To relieve herself of such discomfort, she may come up with additional reasons for making her choice such as

elevated positive qualities of the man she has chosen and emphasize the negative qualities of the man she has rejected.

Before making a choice, an individual may see several other alternatives. However, once the person makes the choice, attitude about the alternative chosen becomes hardened and strengthened. This effect, called the post-decisional feature of dissonance reduction, is relevant in Social Psychology.

PERSUASION

When we try to convince another person to agree with our opinions or to do something we want them to do is persuasion. It is a thoughtful attempt to have impact on the attitude or behavior of another person.

Researchers have identified four elements of persuasion:

1. The source of the communication (who is doing the persuading)
2. The audience (who is being persuaded),
3. The message (what is being said), and
4. The medium (the means by which the message is transmitted)

Some factors, such as credibility, attractiveness and like-ability, make the source, the communicator more persuasive. A credible communicator is a person who has knowledge of the topic at hand and expresses truth with integrity. Physical attractiveness, celebrity status and familiarity to the audience contribute to a person's response to a source of persuasive messages (Wood and others 2005).

The characteristics of the audience also influences responses to persuasion. In general, people with low IQs are easier to persuade than those with high IQs (Rhode and Wood, 1992). Evidence suggests that a one-sided message is very persuasive especially if the audience is not well informed on the issue, lower in intelligence or already in agreement with the point of view. A two-sided message works well when the audience is well informed on the issue, is intelligent or is initially opposed to a point of view.

People often scrutinize arguments that are contrary to their existing belief more carefully and exercise more effort refuting them. They are also more likely to judge such arguments as being weaker than those are that support their beliefs.

A message can be reasonable, logical and unemotional by just giving the fact. It can also be strictly emotional by giving people goosebumps or it can be a combination of the two. Arousing fear seems to be an effective method for persuading people to quit smoking, get regular chest X-rays, and wear seat belts. In the conditions I mentioned by Buller and others (2000) and Stephenson (1998), they say that appeals are most effective when the presentation outlines definite actions the audience can take to avoid the feared out comes.

CHRISTIAN PERSPECTIVE

Attitudes and attitude change is applicable in a Christian circle as well as it is applied to other areas of an individual's life. This covers cognitive as well as persuasive. Let us take dissonance for an example in our application. You may be convinced that you are a Christian but cannot remember an exact moment or event to connect with the beginning of your personal relationship with Christ. You will encounter Christian's who will tell you that you must know the exactness of the beginning of your relationship with Christ or you are not really a born-again Christian. There are others who will tell you that knowing the exact moment when you first gave your life to Christ isn't as important as the daily

living in that relationship. You find yourself caught in the tension between the two views and this can create personal conflict for you and those who have the opposing opinions. How might you (or those with opposing views) change to resolve the issue?

Since we will always experience inner tension as Christians and even in the church resulting from the attempt to hold two contrasting thoughts at the same time, the best solution is to consider how our view agrees or disagrees with Scripture. We should seek to find a resolution that brings understanding, compassion and peace rather than conflict, unnecessary questioning and judging of the experiences of others based only on our own ideas or experiences. As Christians, we are to know the difference between the Christian's behavior and the non-Christian's behavior based upon the word of God. Then we are to try to practice the Christian's behavior.

PRO-SOCIAL BEHAVIOR

Prosocial behavior is a deed that benefits others, such as assistance, sympathy, and cooperation.

REASON FOR HELPING

Pro-social behavior has many aspects that benefit others. Such things as helping, cooperation, and sympathy involve us in pro-social activities. Researchers in Social Psychology agree that young children respond sympathetically to companions in distress usually before their second birthday (Hay 1994; Kochanska, 1993). In my own observation and research among African children, especially Liberian children, I have found that they continue to respond sympathetically to companions in distress often through their fourth birthday.

Altruism describes behavior aimed at helping other people. Such behavior involves self-sacrifice with no thought or intention of personal gain. Commitment is another factor that influences altruism, meaning that we are more likely to help in the context of a relationship to which we are deeply committed. For example, we are more likely to volunteer to donate blood to a sick family member than to a stranger. However, cultures vary in their norms for helping others according to their social responsibility norms.

According to Seenoo and Takagi (2003), whatever the motive for altruism, people who regularly engage in behavior that helps others benefit significantly. The more we help people the more altruistic we become.

THE BYSTANDER EFFECT

A variety of social circumstances contributes to the decision to help another person. One example is the bystander effect.

People must go through four decision-making points before rendering help. First, they must notice that something is happening. Secondly, they must define the event as an emergency. Then they must take responsibility. Finally, they must select a course of action.

Research has shown that as the number of bystanders at an emergency increase, the probability that the victim will receive help from them decreases, and the help, if given, is likely to be delayed.

In classic research, Darley and Latane (1968) placed a series of research participants alone in a small room and told them that they would be participants in a discussion group by means of an intercom system. Some participants understood that they would be communicating with only one other participant. Some believed that two other participants would be involved, and some that five other

people would participate. There really were no other participants in the study-only the prerecorded voices of conferees assisting the experimenter. Shortly after the discussion began, the voice of one conferee called for help over the intercom, indicating that he was having an epileptic seizure. Of the participants who believed they alone were hearing the victim; eighty-five percent went for help before the end of the seizure. When participants believed one other person heard the seizure, sixty-two percent sought help. However, when they believed that four other people were aware of the emergency, only thirty-one percent tried to call for help before the end of the seizure.

Here, Darley and Latane suggest that when bystanders are present in an emergency, they generally feel that the responsibility to help is shared by the group, a phenomenon known in social psychology as diffusion of responsibility. This means that as a result each person feels less compelled to act than if she or he were alone and felt the total responsibility; each bystander thinks that somebody else must be doing something. Another reason for the bystander effect with which I resonate from Darley and Latane (1968) is the influence on other bystanders who appear calm. When others are cool, we may assume that nothing is wrong and that no need for intervention. I witnessed such a scenario once in Paynesville, Liberia at Red Light. Red Light is an extremely crowded area with buyers and sellers and rogues. Early one morning, I encountered a man lying in a pool of blood. I was not the only person who observed the man. There was a crowd of people who saw him, but did nothing, undoubtedly believing that the man was a criminal and not worthy of being helped. Later, we learned that the man was not a criminal, but had been attacked by criminals overnight. I, personally, never did anything to help this man - a perfect example of the bystander effect. Such a response is typical in far too many social environment situations on a daily basis.

CHRISTIAN PERSPECTIVE

The parable of the Good Samaritan which is mentioned in Luke 10:25-37 is a clear example of the pro-social behavior. I suggest that you look up the story and read it for yourself. Then, take time to think about the story in the light of pro-social behavior. If you are truly honest with yourself, where do you see yourself in the story? The example of the Samaritan should be the response of a Christian in such a position.

AGGRESSION

Aggression has been one of the themes of research in Social Psychology for many years. As Wood (2005) puts it, violence is 'the intentional annoyance of physical or psychological maltreatment on others. Aggression has many forms and occurs in a variety of settings, such as in schools, churches, work places, homes and so on. Aggression against people and property is far too prominent in Liberia.

BIOLOGICAL FACTORS IN AGGRESSION

Sigmund Freud believed that humans have an aggressive instinct that turns inward as self-destruction or outward as aggression or violence toward others. Many psychologists reject this view but I lean toward the concept that biological factors are involved in aggression. A meta-analysis study of twenty-four twins and adoption studies of several personality measures of aggression, revealed an inheritability estimate of about fifty for violence (Miles and Carey, 1997). Many researchers believe that genes are a factor in an individual's predisposition to aggressive behavior and may cause them to be more sensitive to models of aggressiveness in the environment.

One biological factor that seems very closely related to aggression is a low arousal level of the autonomic nervous system (Raine 1996). The low arousal level often correlates with anti-social and violent behavior. People with a low arousal level tend to seek stimulation and excitement and often exhibit fearlessness, even in the face of danger (Brennan and others 1997).

In accordance with Green and others (1996), men are more physically violent than are women. A correlation between high testosterone level and aggressive behavior seems to be the deciding factor in males (Archer, 1991). In fact, the first biological variable related to domestic violence appears to be high testosterone levels, which are highly inheritable. Furthermore, violent behavior has been associated with low levels of the neurotransmitter serotonin (Gartner and Whitaker-Azimitia, 1996).

Studies show that brain damage, brain tumors and temporal lobe epilepsy inter-relate to aggressive and violent behavior (Van Elst and others, 2000). Alcohol and violence are frequent partners also. A meta-analysis of thirty experimental studies indicated a correlation between alcohol and aggression (Bushman and Cooper, 1990). The use of alcohol and other drugs that affect the brain's frontal lobes may lead to aggressive behavior in humans and animals by disrupting normal function. Here in Liberia intoxication is particularly likely to lead to aggression in response to frustration, especially among post-civil war victims. Many are involved in violent, aggressive behavior, including murders and beating their children and spouse.

SOCIAL LEARNING THEORY OF AGGRESSION

The simplest, but one of the most widely accepted explanations of aggression involves that of Social Learning. The theory of Social Learning holds that we learn to be violent by observing violence in others (Bandura 1973). The Social Learning theory associates learning principles with cognitive procedures, modeling, and socialization to explain behavior. This view indicates that there is no instinctive human programming for fighting, being violent or any aggressive behavior. In other words, aggression is a learned behavior. Macmillan, (2001) said that people who were the victims of violence during childhood are likely to become violent themselves.

Theorists of Social Learning predict that people upbringing in non-aggressive society will themselves be non-aggressive. On the other hand, people reared in an aggressive environment tend to learn aggressive responses. The brutality of and toward many people between 1989- 2003 during our Civil War in Liberia still impacts a lot of people who become aggressive in our society. With the help of many psychosocial counseling programs, the act of aggression has reduced greatly.

OTHER INFLUENCES ON AGRESSION APART FROM BIOLOGICAL FACTORS

Other variables contribute to aggression. I noticed in my research that frustration could cause aggression, known as the frustration-aggression-hypothesis. Frustration-aggression suggests that frustration produces aggression (Miller, 1994). Let us take for typical example: a traffic jam causes someone to be late for an appointment, so that person will be frustrated. When a person is frustrated, especially when it is intensified, it can exhibit aggressive behavior. The person will often end of up shouting at the people with them in the car and taking out their frustration on innocent people. Innocent people who are not responsible for a frustrating situation become targets of displaced aggression; a practice known as Scapegoating (Koltz, 1983).

Two additional influences on aggression in the study of Social Psychology are "personal space" and "crowding". Personal space refers to an area surrounding a person, most like an invisible space that

the person perceives as part of himself or herself and used to control the closeness of interactions with others. This serves to protect privacy and to regulate the level of intimacy with others. Personal space varies from person to person. When there is a perception of invasion of personal space, aggression can result.

Crowding is a subjective judgment that there are too many people in a confined space, which often leads to higher physiological arousal. Males typically experience its effects more negatively than do females.

As I close the topic on influences on aggression, there are several beliefs that lead members of a group to be aggressive toward outsiders (Eidelson, 2003). Consider the group conviction that its members are superior to others and that one's own group has a legitimate grievance against the outsiders. Tribe members or religious groups who believe themselves to be vulnerable may justify aggression as a form of defense. For example, I am (my father) from the Krahn tribe. The President of Liberia before the Civil War started, President Samuel K. Doe, was also from the Krahn tribe. During the chaos of the war, the majority of the members of this tribe believed that every other tribe in the country was against them. Therefore, they believed they had the right to be aggressive toward anyone as a means of defense.

Finally, group members who believe that aggression is the only strategy available to them for addressing grievances or protecting themselves may resort to violence. However, group leaders play a vital role in either encouraging or discouraging these beliefs among group members. Positive leadership may be able to prevent inter-group aggression and bring peaceful solutions to otherwise damaging aggressive behavior.

CHRISTIAN PERSPECTIVE

As we have examined the biological factors of the Social Learning theory and other influences on aggression in this section, we must realize that dealing with aggression also affects Christians and the church as a whole. Conflict over traditions, ways of conducting worship and the small difference among Christian denominations can become big issues of conflict and lead to aggressive behavior. There are factions involving the government and other religions that has a direct impact on Christianity and easily opens the door to aggression on both sides. The Christian must be delegated to prayer and the study of God's Word to handle these situations. How should the Christian live in response to these situations?

Looking at the aggressive instinct mentioned in biological factors, observing the Social Learning theory of aggression, and the examples of other influences for aggression, Christian principles are of great importance. Every Christian should be "be transformed by renewing of mind" (Romans 12:2). Christians and the church need to address issues relating to aggressive behavior (Ephesians 4:29). We are to be patient in what we do as Christian (Matthew 5:39). Aggression takes place at times because of the lack of patience (I Corinthians 13:4) and lack of a good foundation in Biblical Truth.

PREJUDICE AND DISCRIMINATION

As of this section, one must understand the main different between discrimination and prejudice. Firstly, prejudice is an individual attitude (usually negative) toward other people in relation to their race, gender, religion, or membership in a particular organization. Prejudice involves beliefs and emotions but not action. However, these can escalate into hatred. On the other hand, discrimination consists of behavior that takes action (usually negative) toward others based on their religion, race, gender or

membership in a particular group. These things happen from continent to continent wherever human beings exist.

THE ROOTS OF PREJUDICE AND DISCRIMINATION

Let us take a look at some of the fundamental causes of discrimination and prejudice. Social psychologists have proposed several theories to explain the psychological basis for prejudice and discrimination.

REALISTIC CONFLICT THEORY

This is an explanation of how prejudice and discrimination arise. It starts as competition and increases among social groups that struggle against each other for scarce resources such as goods, jobs, homes, schools and so on.

IN-GROUPS AND OUT-GROUPS

Prejudice can also spring from the distinct social categories into which people divide the world, employing an "us versus them" mentality (Turner and others 1987). An in-group is a social group with a strong sense of togetherness, which excludes others. Members of college fraternities often exhibit strong in-group feelings and actions.

The out-group comprises of individuals precisely identified by those in the in-group as not belonging. The "us versus them" thinking can lead to excessive competition, hostility, prejudice, discrimination, and even war. Prejudiced individuals are reluctant to admit outsiders within their racial in-group, especially if there is the slightest doubt about the outsiders' racial purity. (Blascovich and others, 1997).

SOCIAL-COGNITIVE THEORY

According to the Social-Cognitive Theory, people learn attitudes of prejudice and hatred the same way they learn other attitudes. For example, if children hear their parents, teachers, peers and others openly express prejudice toward others or reward others from different racial, ethnic or cultural groups, they will be quick to learn such attitudes.

Social Cognition refers to the ways in which people typically process social information; the mental process used to notice, interpret, and remember information about the social world. The very processes we use to simplify, categorize, and order social worlds are the same processes that distort our views of it. Consequently, prejudices may arise not only from heated negative emotions and hatred toward other social groups, but also from cooler cognitive processes that govern how we think and process social information (Kunda and Oleson, 1995).

One way people categorize the world is through stereotypes. Stereotype is an often unfair and untrue widely shared perception about the characteristic traits, behaviors, and attitudes of members of several social groups (racial ethnic or religious). This include the assumption that "they" are typically alike. Once a stereotype is in place, people tend to pay more attention to information that confirms their belief than to information that challenges them (Wigboldus and others, 2003).

IS PREJUDICE DECREASING?

A pioneer in research on prejudice said, "Defeated intellectually, prejudice lingers emotionally (Gordon Allport 1954). Even those who are in all sincerity intellectually opposed to prejudice may still

harbor some prejudiced feeling. Many people feel guilty when they catch themselves having prejudiced thoughts or engaging in discriminatory behavior.

Prejudice is decreasing in some societies were spoken against and people are taught not to practice discrimination against people based on their background or heritage. However, it is a feeling that will forever linger on in humans because of some of the things we refer to in the realistic conflict theory, in-groups and out-groups, and the social-cognitive theory.

CHRISTIAN PERSPECTIVE

Prejudice and discrimination affect even the Christian. Being a Christian does not stop these feelings, actions and attitudes from surfacing in our lives. However, the main issue here is how we deal with prejudice and discrimination. "Do not judge, or you too will be judged" (Matt. 7:1) is a good scripture to remember as Christians and church members who stereotype other people.

There are churches that enjoy a diversity of ethnic groups, age groups, and so on. Yet, the tendency of prejudice and discrimination will always need to be faced and dealt with. As groups come to a congregation with their value system firmly in place, they will automatically place special emphasis on their own traditions and value systems above the traditions of other groups within the same congregation. If great care in not taken in helping various groups understand each other, those who do not support the value systems of other groups will be the proponents or recipients of discrimination. It is important to search the scriptures to see if the traditions and value systems are in balance with God's Word and then be willing to allow expressions from diverse traditions to be affirmed and appreciated even by those who do not practice them. Many times, it is just that the expression of one person's value system differs in a way that is foreign to us. Different does not always mean 'wrong'. We are to treat all people with respect whatever their value system and allow the expression of those systems and traditions according to the light revealed in God's Word.

CONCLUSION

With a better understanding of the topics, concepts and dynamics discussed in Social Psychology, it will be easier to relate in a more meaningful way with all of human race.

Looking at this course from a Christian perspective, it is very important for the Christian or Christian Counselor to gain some insight into the dynamics of Social Psychology. Even with broad insight on the subject matter, the counselor or pastor can better understand and know how to advise or apply the Word of God to a particular situation. In so doing the Christian Counselor / Pastor will understand if what he/she is to address is spiritual, psychological or purely social. Even the psychological and social issues should be filtered through the standards set for in God's Word.

Part II

Abnormal Psychology

INTRODUCTION

Abnormal behavior is an increasing problem in the world today. There is lot of abnormal behavior observed today. This research work looks at the definition, the various views and concepts of abnormality. I will present and discuss to some degree of various topics such as anxiety disorders, somatoform disorders, dissociative disorders, mood disorders, schizophrenic and delusional disorders, attention deficit/hyperactivity disorders and personality disorders. Christians are not exempt from these disorders. Therefore, I will offer some thoughts on a Christian Perspective at the end of every topic.

DEFINITION

When we say definition here, it is all about the definition of Abnormal Psychology or behavior. Abnormal is a term that is most elusive in psychology. Although it does not have a difficult definition, it is a very complicated concept for many people to understand.

Part of the reason it is difficult to understand this concept is that most people think of behavior as being abnormal only if that behavior is strange and unusual. Psychologists and psychiatrists do not use the term abnormal in that way. When it comes to mental health, it does include far more problems in living than many people think of as abnormal.

According to Narrow Race Robins, and Regier, (2002) thoughts and feelings that are harmful to the individual or others are to be considered abnormal. That is, abnormal does not only refer to rare and strange problems but also to the problems in negotiating life experienced by many people.

Abnormality requires subjective judgments in two ways. Abnormality, as defined in terms of harm rather than unusualness, one must also decide whether an individual's problems are severe enough to be considered harmful. However, then, how do we define what is harmful? Decisions reflect the value of the person making the determination, and values differ greatly from one culture to another.

The concepts of abnormal behavior are difficult to us not only because of it inherit subjectivity but because psychologists have been unable to agree on how abnormal behavior is different from that of normal behavior (Lahey 2007).

There are two hypotheses in defining abnormality. The first is the continuity hypothesis, this hypothesis explains that abnormal behavior is a more rigorous type of normal psychological complications. The advocates of this hypothesis argue that such terms as insanity and mental illness should not be used because they imply that the person has a sick mind that separates him from all of the rest of society. The second is the discontinuity hypothesis, which suggests that abnormal behavior is entirely different from normal psychological problems. Advocates of this hypothesis believe that only such strong terms can accurately portray the true nature of abnormal behavior.

HISTORICAL VIEWS

As we will look at contemporized views of abnormal behavior in this research work, it is prudent to consider historical perspectives. This will help us understand the causes and repercussions of abnormal behavior.

SUPERNATURAL THEORY

Under the historical views, there are several theories. The supernatural theory, studied in some of the oldest writings about behavior, considered that of the Bible, Plato, and the tablets of king

Hammurabi of Babylon. There are indications from earliest known writings of the prevalence of abnormal behavior.

There is strong belief between the presence of evil spirits and abnormal behavior. Some people disagree with the idea that evil spirits possess people with psychological problems, but it is still an influential view.

When the supernatural theory held sway, the consequences for those with psychological problem were not too severe. Treatment of such problem mostly took the form of prayer. The unpleasant treatment was purgatives (foul liquids) that were supposed to help the person vomit out the evil spirit (Lahey 2007).

During the medieval age in Europe, the Catholic Church published an official document called the malleus malefic arum', or the witches' hammer. In this publication, there is a detailed description of the methods of treatment or exorcism, for people acting in abnormal ways believed to be evil possession.

The treatment began with a stiff regimen of prayer, fasting and drinking of some foul concoctions that caused vomiting. For people whose behavior did not improve after treatment, the malleus recommended stronger methods. People considered witches or warlocks were those who could not stop acting in deviant ways after exorcism (Male Witches). Many believed that the only way to save their souls was to destroy their bodies to drive out Satan. As a result, half a million so-called witches, mostly women, were put to death in Europe alone (Loftus, 1993). As the conception of abnormal behavior caused by evil spirits became less prominent, new ideas emerged concerning the cause of mental health problems. This has been the trend here in Liberia particularly.

BIOLOGICAL THEORY

Another is the biological theory, put forth by a Greek Physician known as Hippocrates. He was an ancient voice who argued against the supernatural theory of abnormal behavior. He stated that biological disorders of the body caused abnormal behavior. Hippocrates believed that the body has four important fluid or humors: blood, phlegm, black bile, and yellow bile. Illness and abnormal behavior come about when these fluids get out of balance. Black bile caused depression while excess of yellow bile cause irritability, he noted.

His theory was inaccurate so he was not able to do much to counter the supernatural approach of abnormal behavior. Nevertheless, he was able to set the stage for later developments by suggesting that abnormal behavior might have natural rather than supernatural causes alone. Richard von Krafft-Ebing, a German physician, did medical research and made discoveries that led to a resurgence of the biological theory and the eventual birth of psychiatry as a discipline.

PSYCHOLOGICAL THEORY

Pythagoras was also an ancient Greek who suggested a natural explanation of abnormal behavior. Pythagoras, who gave us geometry, was very active in the treatment of psychological problems. He held a radical view that psychological problems are caused by psychological factors such as stress. He placed individuals with various problems in "temples" where they received rest, exercise and a good diet. An understanding person talked with them and offered practical advice on how to straighten out their lives. His methods were highly successful. However, super naturalistic ideas overshadowed the psychological ideas of Pythagoras until the modern era. There had been many important advocates of the psychological theory, but it was not of much influence until Sigmund Freud published his influential

views advocating that the psychological theory was able to compete with the supernatural and biological approaches. We see the Freud's model of unconscious conflict was different from that of Pythagoras. In recent times, Freud was the leading champion of the view that psychological problems had psychological causes.

CONTEMPORARY VIEWS

Today, abnormal behavior is widely believed to be a natural phenomenon with both biological and psychological causes. Newer studies theorize that inherited predispositions to certain kinds of problems may come from abnormal neurotransmitters in the brain that cause the person to react automatically to stress in an extreme way. Some biological factors may be partially responsible for a variety of psychological disorders. The psychological factors involved in these same disorders include stress, abnormal social learning histories, and inadequate social support.

Mental health professionals in the United States usually use the definitions of abnormal behavior and terminology of the American Psychiatric Association's (2000) Diagnostics and statistical manual of mental disorders. The current version is the TR version, which means that the text was revised but not the diagnostic criteria. It is the fourth edition widely known as the DSM-IV. Basically, DSM-IV is a multi-axial system, which means that the mental health professional can give more than one diagnostic and provide additional relevant information. The DSM-IV research (DSM-IV. Lahey) five axes are mentioned as follow:

1. Clinical Disorders (most of the mental disorders fall in this category)
2. Personality Disorders and Mental Retardation (This inspires clinicians to consider possible abnormal personality and low intelligence in the individual.)
3. General Medical Condition (This encourages the clinician to consider medical conditions that may be relevant to the mental health problem.)
4. Psychological and Environmental Problems (This allows the clinician to indicate adverse living conditions or stressful circumstances that many be relevant.)
5. Global Assessment of Functioning (The clinician uses a standard scale to indicate how well the person is functioning in life to allow appropriate treatment choices.)

The DSM-IV also encourages the clinician to consider cultural factors in diagnosing.

PROBLEM OF STIGMA

In dealing with abnormal behavior, a great problem needs consideration here. It is the problem of stigmatization. In other words, we have negative perceptions of people with abnormal behavior problems. People with mental health problems, for example, make us uncomfortable and afraid. We view these people as dangerous and untrustworthy. Such a stigma has two very unfortunate and unnecessary consequences: (Corrigan 2004)

1. The first thing is that stigma may make mental health problems worse. For example, if friends and family members shun the person who has developed fear or depression, that person will be stressed by the rejection and lose valuable social support. This, in turn, can easily make emotional problems worse. A person who feels ashamed of becoming depressed may become more depressed because of these feelings of shame.

2. Secondly, stigma may prevent persons with mental health problems from seeking help. Let us use the example of Corrigan (2004). Imagine that you go to a doctor's office for a first appointment. The person at the desk who checks you in turns out to be a friend from high school. Would you be embarrassed if the doctor was a physician specializing in sport medicine? Probably not. However, what if the doctor is a psychologist or psychiatrist specializing in anxiety disorders. How would you feel then? In this case, we would probably be embarrassed to have someone who knows us, become aware that we need help with our emotions or psychological problems. I note that stigma keeps millions from seeking mental health care when we need it. In fighting stigma, I think it would be much easier to seek help if we just think that sometimes our emotions get out of hand and do that before we become seriously mentally ill. The best solution for stigma could be education, to know that mental health problems are very common and if addressed early on, can often be remedied with minimal effort.

INSANITY

Having dealt with abnormal behavior as a term, I want to examine the concept of insanity. When we talk about being insane, remember that insanity is not a psychological or psychiatric term but a legal one. Even in the legal cycle, it has three different meanings depending as to whether it is used as a criminal defense, in a hearing on competence to stand trial or in a hearing on involuntary commitment to a mental institution.

Let us consider these meanings of insanity as legal term a bit further.

1. Not guilty by reason of insanity

In this sense, a person cannot be convicted of a crime if they are declared legally "insane" at the time the crime was committed. Such people committing crimes are considered not guilty by reason of insanity if they had little ability to tell right from wrong. Secondly, the term "insane" is applied if the person had little ability to control his or her actions at the time of the crime because of serious psychological problems. In general, a jury will consider only severely psychotic or mentally retarded person to be in insane according to this rule.

2. Competence to stand trial

The term **"insanity"** that is used in hearings determines whether an individual is competent to stand trial. In this case, the issue is whether the person understands the legal proceeding of the trail sufficiently to aid in his or her own defense. Only severely psychotic and mentally retarded individuals considered incompetent, land in this situation.

3. Involuntary Commitment

This meaning of "insanity" arises in hearings on the involuntary commitment of individual to mental situations. It is legal in many countries to commit people to an institution against their will if the court finds them to be insane. Individuals who are involuntarily dedicated are usually judged to be a threat to themselves or others or they are extremely mentally disabled (Turkhermer and Parry, 1992.)

CHRISTIAN PERSPECTIVE

As Christians, there is no excuse or exemptions that we will not experience abnormality one way or another.

There are guidelines for mental health in the way of abnormality. We need to know our weaknesses and improve in areas when we can and use stress to develop skills for solving problems. Analyze what leads to a personal crisis and know where to go for help. We need to talk to God first about the issue and search the Scriptures for guidance. God, in His power and through instruction in the Bible, is able to guide us to solutions. God, being God, can also lead us, in His own wisdom, to human resources for support, guidance and good mental health. We can get family, friends, pastor, physicians, and Christian counselors involving as needed.

A good Christian counselor will first try making all attempts to rule out possible medical problems. A good pastor will not jump to conclusion that the problem is spiritual, but will explore all avenues to identify the real problem. Christian must always look for the root of any abnormal behavior, dealing with the issue instead of guessing.

ANXIETY DISORDERS

Life has positive and negative emotions for every person. However, many people experience excessive levels of the kinds of negative emotions that we identify as being nervous, tense, worried, scared, and anxious. These terms all refer to anxiety. More women than men are affected by anxiety disorders (Kessler and Others, 1995). The kinds of anxiety disorders vary considerably. Anxiety disorders share heightened reactivity to anxiety provoking events and increased vigilance for those events (Rosen and Schulkin, 1998).

PHOBIAS

Phobia is an extreme usually inexplicable and unrealistic fear. In this case, the anxiety focuses so intensely on some object or situation that such individuals become acutely incapacitated by it and will often go to great pains to avoid it. There are three types of Phobias:

(1) Specific Phobia

(2) Social Phobia

(3) Agoraphobia

Many people realize that their phobia is irrational and is concerned or embarrassed by that fact.

1. Specific phobia is the most specific and least disruptive of the phobias. It can be an intense fear of such things as heights, dogs, blood or hypodermic injections. People with such phobias generally do not have other psychological problems. Disruptions in their lives occur only when the phobia creates a direct problem at some point in their daily living. Specific phobias are linked to objects or situations.

The following names identify some of the phobias:

Acrophobia Fear of heights

Anglophobia   Fear of pain

Astraphobi   Fear of storms, thunder, lightning

Belonophobia   Fear of pins and needles

Claustrophobia   Fear of confined places

Decidophobia   Fear of making decisions

Gephydrophobia   Fear of crossing bridges

Hematophobia Fear of sight of blood

Necrophilia   Fear of dead bodies

Xenophobia	Fear of strangers
Zoophobia	Fear of animals

2. Social Phobia describes extreme anxiety about social interactions, particularly with strangers and incidents in which the person feels that he/she might be evaluated negatively, such as in job interviews, public speaking, or a first dates. These situations are extremely uncomfortable for individuals with social phobias (Stein and others, 2000).

3. Agoraphobia is the most impairing of all of the phobias. The meaning is liberally "fear of open space". In extreme cases, someone with agoraphobia is bound to his or her home. This is so because it involves intense fear of leaving home.

GENERALIZED AND PANIC ANXIETY

Individuals with generalized anxiety disorder experience a vague, uneasy sense of tension and apprehension, sometimes referred to as free-floating anxiety. This makes them highly uncomfortable. People with panic anxiety disorders are seized by sharp, intensely uncomfortable attacks of anxiety. In this case, respiration increases accompanied by sudden rapid heartbeats. The heart pounds with such intensity that the person often feels that he or she is having heart attack or going crazy.

In one survey, a study showed that 2,375 college students or twelve percent experienced at least one panic attack at some time during their lifetime (Telch, Lucas & Nelson, 1989). It is essential to know that such uncomfortable events are relatively common and that they should not be a source of serious concern unless they are frequent enough to disrupt the individuals functioning or wellbeing. Ehlers and Breuer (1992) noted that persons with panic anxiety disorders are extremely sensitive to small changes in the function of their autonomic nervous system, especially their heart rate. I have discovered in this research that panic attacks involve a sudden and intense increase in sympathetic autonomic arousal as indicated by British psychiatrist Michael Lader (Lader and Matthews, 1970).

POST-TRAUMATIC STRESS

It is a known fact that when men and women live or fight in war, the trauma of war is never over for those who fight the war or live through the atrocities of war. Our Liberian Civil War has been over for more than ten years at this writing. However, thousands of veterans from the war continue to fight that war in their minds and many seriously traumatized in that war still have flashbacks.

Although the physical firing of bullets is over and the environment is calm, these people are still haunted by their experiences from the war. Such a continuous agony is considered as post-traumatic stress disorder (PTSD). In other words, these people are still suffering severe stress reactions years after the actual combat and the terrorizing of families and communities ended.

STRESSES THAT CAUSE PTSD

Psychological studies confirm that those suffering with post-traumatic stress disorder (PTSD) experienced war. As Kessler indicated in his research, of the adults living in the United States, five percent of all adult males and ten percent of adult female have experienced PTSD for at least a month during their lifetime (Kessler and others,1995). This is also similar in Liberia when it comes to post traumatic stress disorder.

Rape victims and PTSD people, particularly females, who have been victimized when it comes to the issue of rape, frequently suffer from post-traumatic stress disorder.

WHO DEVELOPS (PTSD)?

Research shows that most persons who experience traumatic stress in war or civilian life do not develop PTSD. Let us look at what determines who develops PTSD. Let us look at the following factors involved:

1. Severity of stress

The percentage of traumatized persons who develop PTSD depends in part on the type of stress. Soldiers directly exposed to combat or atrocities were more likely to experience PTSD than soldiers who were exempt from these experiences (Lew & Other, 1995).

2. Characteristics of the person before the traumatic event

When the level of exposure to combat was controlled statistically, soldiers with lower intelligence and more preceding mental health problem were apparently to experience PTSD (Mackl in & Others, 1998).

3. Social Support

Brewin noted that persons with greater social support after traumatic stress are less likely to experience PTSD (Brewin & Others, 2000).

4. Gender of the Victim

Although most women and men are resilient in the face of stress, women who experience traumatic events are more likely (10%) than men (5%) to develop PTSD (Ozer & Weiss, 2004. Breslan & Others, 1998).

THE POSITIVE SIDE OF TRAUMA

It is undeniable that there are negative emotional consequences to traumatic stress. However, it would also be unfair to give an impression that trauma only influences us negatively. There is also positive side to trauma. Psychologist Patricia Frazier and other (2004) found that half of women who have experienced sexual assault report positive life changes after their trauma. For example, improved relationships with others, a greater sense of purpose in life, and a greater empathy for others.

OBSESSIVE- COMPULSIVE

Under this caption, we will deal with two separate problems. These problems are obsessions and compulsions. They often occur together in individuals. Let me start with the extreme anxiety of obsessions:

Provoking thoughts that will not go away and seem uncontrollable and even alien, as if they do not belong to the individual's mind - thoughts such as a recurrent fear of losing control and killing someone or of having an incestuous sexual relationship can cause extreme anxiety.

The second problem has to do with compulsion. This has to do with irresistible urges to involve in behaviors such as washing one's hands, constantly touching a spot on one's shoulder, or checking the locks on doors. If the individual tries to stop engaging in the behavior, he or she experiences an urgent anxiety until the behavior resumes.

Obsessions and compulsions are often in the same person. An example could be a person who compulsively washes his hands because he is obsessed with thoughts about germs or the compulsive use of condoms for intercourse because a person is obsessed with thoughts of HIV/ AIDS.

Psychologists who have researched this area note that seventy percent of all people with obsessive-compulsive disorders have both obsessions and compulsion. Twenty-five percent have only obsessions and five percent have only compulsions (Wilner, Reich, Robins, Fishman &Van Doren, 1976).

CHRISTIAN PERSPECTIVE

The question we ask here is how does a Christian deal with anxiety disorders.
Anxiety has to do with phobia or fear, a generalized or panic disorder, stress and so on. As Christians, we have no need to allow fear to overtake us whatever particular phobia it may be. God does not assign to us the spirit of fear; but of power, of love, and of a sound mind. (2 Timothy 1:7). The first and foremost thing to do as Christian is to know the Word of God and apply it to our life. It is the same thing if we are a Christian counselor. In applying our counseling techniques as counselors to bring about therapy to our clients with anxiety disorders, the word of God should be the foundation and tool.

SOMATOFORM DISORDERS

There are conditions in which an individual experiences the symptoms of physical health problems that have psychological rather than physical causes. The word "soma" comes from the Latin language meaning "body". So then, somatoform disorders are psychological problems that 'take the form' of physical problems. Although these symptoms of health problems are not physical, they are very real and uncomfortable to the individual. We will examine four types of somatoform disorders in this section.

SOMATIZATION AND HYPOCHONDRIASIS

Somatoform disorders are intensely and chronically uncomfortable conditions that indirectly create a high risk of medical complications. These conditions are more common in women than in men (Golding, Smith, & Kasher, 1991). Sometimes somatoform disorders take the form of chronic and recurrent aches, pain, tiredness, and other symptoms. Such complaints, often expressed in dramatic ways, increase the probability of sympathy and special treatment from others.

Many people with somatization problems also experience psychological difficulties, such as anxiety and depression. It can be a problem with their jobs, schoolwork, or household responsibilities. The danger that often happens is the measures the affected person takes to be relieved from the discomfort. For example, many become addicted to alcohol or something else and take medication prescribed by many different physicians, increasing the risk of dangerous chemical interaction among the drugs. Their frequent complaints to physicians lead to unnecessary surgeries. One such surgery for women is the removal of the uterus (hysterectomies).

Hypochondriasis is a form of the somatization disorder with some special features of its own. The hypochondriac experiences somatic symptoms but not as pervasive or intense as somatization disorders. They do not experience many of the side effects, namely depression, drug addiction and

unnecessary surgeries.   However, concern about their health dominates their life.   They are preoccupied with health issues and overact with concerns over minor coughs and the slightest pain. They also go to unreasonable lengths to avoid germs and cancer-causing agents (Barsky and Others, 1998)

CONVERSION AND SOMATOFORM PAIN

Conversion disorders are the most dramatic disorder of the somatoform disorders. The name comes from the Freudian theory that anxiety has been "converted" into serious somatic symptoms rather than being directly experienced as anxiety.   Individuals with such problem frequently experience paralysis, fainting, functional blindness, deafness, inability to speak, seizures, or other serious impairments in the absence of any physical reason.   These symptoms impair the individual's life, particularly their ability to work.   Conversion disorders are usually distinguished from medical problem without great difficulty.   They are medically impossible in most cases.   Today, psychologists think that conversion disorders can act as an unconscious defense against any intolerable anxiety situation that the person cannot otherwise escape.   A soldier who desperately fears going into battle might escape the anxiety by developing a paralysis or some other physically disabling symptom (Woods and others, 2005).   Perhaps the most interesting characteristic of conversion disorders known as La belle indifference is "beautiful indifference" (Lahey 2007).   Individuals with conversion disorders are often not upset by their condition.

SOMATOFORM PAIN DISORDERS

Somatoform pain disorders are very similar to conversion disorders except that the primary symptom is pain that has no physical cause and can be distinguished from physically caused pain because it does not follow nerve pathways. However, in the case of low back pain, joint pains, chest pains, only after ruling out any possible physical causes, can a diagnosis of somatoform pain disorder be determined.   Somatoform pain occurs usually at times of high stress.

CHRISTIAN PERSPECTIVE

For somatoform pain disorders, the Christian counseling approach could be the best way to work through this situation.   To help a person with somatoform pain disorders, the Christians counselor must perform the following:

Listen to the counselee

Help the counselee gain insight

Help the counselee formulate a specific plan of action (Meier and others, 2000).

While using professional tools available in the healing process of the client, as a Christian Counselor or Psychologist, the final authority should be based in Biblical authority and the indwelling power of the Holy Spirit.   Where the need arises, refer the client to other professionals such as psychiatrists or a medical doctor.

DISSOCIATIVE DISORDERS

Dissociative disorders cover a large category of loosely related conditions that involve sudden alterations in cognition. The different types of dissociative disorders, characterized by changes in memory, perception or identity, are more common under stress but can also occur when stress is absence (Morgan & Others, 2001). We will examine the following four kinds of dissociative disorders:

1. Depersonalization

This term refers to experiences in which the individual feels that he or she has become distorted or "unreal" or that a distortion has occurred in one's surroundings.

The individual might feel his hands enlarged or out of control; yet, the person knows that their feelings are not accurate. One of the more common experiences of depersonalization is the sense of leaving one's body and being able to look at it from the ceiling (Lahey, 2007).

2. Dissociative Amnesia

Dissociative amnesia, psychologically caused, often occurs after a period of stress. It also involves loss of memory for all or part of the stressful experience. An example would be loss of memory in an automobile accident where a person is responsible for the death of another person.

3. Dissociative Fugue State

Dissociative fugue state, looks like amnesia with a loss of memory, but the memory loss is so complete that the person cannot remember his own identity or previous life. Typified by wandering, in most cases the individual takes on a new personality, such as becoming much more sociable and loving fun than before.

4. Dissociative identity Disorders

Formerly known as multiple personality disorder, an individual with dissociative identity disorders appears to shift abruptly from one personality to another as if to say more than one person inhabited the same body. The two or more personalities are quite different from one another. The original character is usually unhappy, conventional, and moralistic while the other personalities have a tendency to to be the opposite. "The Three Faces of Eve," a 1950's movie, was an autobiography revealing the dissociative identity disorder of Chris Sizemore, and published as a book in 1977. Dissociative identity has lot of controversy among psychologists. Some mental health experts believe that dissociative identity disorder is the result of physical or sexual abuse during childhood. Alternative personalities that do not know about the abuse split off from the original personality in an effort to cope with painful memories (Gleaves, 1996). Other psychologists believe that dissociative identity disorders are the result of social learning (Lilienfeld and others, 1999).

CHRISTIAN PERSPECTIVE

Christians have not given dissociative disorders much attention primarily because it is generally considered a very unusual disease or disorder. Multiple personalities from dissociative disorders are often confused with demon possession. There is a most interesting video on discovering whether a specific problem is possession or dissociative disorders and is available from a session of the international congress on Christian counseling. The title is, "Treatment for Multiple Personality Disorders". It is an integration of personalities and casting out spirits (Friesen 1988). Christians are to understand such behavior and apply proper Christian counseling for therapy.

MOOD DISORDERS

To examine mood disorders, it should clearly understand that there are two primary forms of mood disorders, depression and mania. When it comes to depression, it occurs alone and is a condition

known as major depression. Mania, however, most often alternates with periods of depression known as bipolar disorders. The two conditions can produce great misery for the individual.

MAJOR DEPRESSION

People experiencing major depression are deeply unhappy and find little pleasure in life. Many persons with major depression believe that the future is bleak and they hold negative opinions of themselves and others. They see no reason to live.   This is often accompanied by increased or decreased sleep, increased or decreased appetite, loss of interest in sex, loss of energy or excessive energy and difficulties concentrating and making decisions.   Person who are depressed usually think about death and are far more likely than persons who are not depressed, to commit suicide (Osley and others, 2001, Oquendo and others 2001,2004). According to Grilo (2005), major depression is usually an episodic disorder.   This means that in eighty percent of cases, the individual experiences the symptoms for a period of time and then recovers, often returning to his or her normal self.   It varies in time of the duration when it comes to episodic disorders.   Half of all persons with major depression recover within twelve weeks from the beginning of the depressive episode (Eaton and others,1997).

Let us now turn to some causes of major depression. The cause of major depression elevates in people who have experienced high levels of stress (Lewinsohn and others 1988; Mazune 1988). This may include experiences such as a loss of job, death of a child or romantic partner or personal humiliation that leads to severe depression.

Some people are more vulnerable to depression because of genetic reasons (Kindler and Prescott, 1999).   There are also cognitive factors in depression.   Aaron T. Beck (1976) and others believe that our cognitions are an important factor in emotional problems.   Beck has suggested that negative views of oneself, the world in which one lives and the future led some people to experience life in such negative terms that it develops into depression.   Having done a survey, I notice that my evidence is consistent with this view, particularly Beck's Theory that negative views of oneself are a critical component in depression.

HUMAN DIVERSITY

There are no ethnic and gender differences in depression and suicide.   Depression affects every group of human beings.   It is an all-too-common problem for men and women, and it happens in every ethnic group.   There is no human group immune to the threat of suicide.   However, evidence indicates a large difference in rates of depression and suicide between the genders and among ethnic groups.

In this research, I observed that Oquendo and colleagues (2001) used data from two epidemiologic studies of some 20,000 adults in the United States to examine gender and ethnic variances in suicide and depression.   As previously found in many studies, the likelihood of depression was approximately twice as high in women as in men.   In sharp contrast, depressed men were four to five times more likely to commit suicide than individuals who are not depressed (Osby and others, 2001). Oquendo found that depressed women are far less likely to commit suicide than men who are depressed. Something about being female generally protects depressed individuals from taking their own lives.

Research psychologists notice that white women in the United States are more likely than the other ethnic group to commit suicide. Some of the reasons put forth have to do with cultural factors and the rate at which depressed women of difference ethnic groups turn to drugs and alcohol. Community life and places of worship tend to play a role in protection against the downhill spiral of depression and its consequences for non-white women as well (Lahey2007).

In looking at the complex relationship among culture and gender groups, mental health awareness can be of great importance and information is needed on the various groups being considered. From my own research in Monrovia and its environment after our civil war in Liberia, many more men than women suffered from severe depression and committed suicide. The rate is about sixty-five percent for men to thirty-five percent for women. From the general outlook, the factors leading to the suicide have been stress and depression from the family.

BIPOLAR DISORDER

Bipolar disorder, formerly called manic-depressive psychosis, is periods of mania that usually alternate irregularly with periods of severe depression. Mania is a disturbance of mood that can be quite enjoyable to the individual in the short term but is usually damaging both to the person and to others in the long term. Most often during the manic episode, the individual experience remarkable "high," as Lahey puts it, an intense euphoria in which sensory pleasures are heightened, one's self esteem is very high, thoughts race, little sleep is needed, and unrealistic optimism prevails. There is grandiose and financially damaging schemes and buying sprees are common during these periods. In these episodes, the person will do extreme things such as quitting a job, divorcing or engaging into sexual promiscuity. The common thing during these periods of mania is psychotic distortions of reality. Friends and family members will find themselves rebuffed in sharp anger when they try to intervene. Mania usually returns in multiples episodes (Halgin and Whitbourne, 2000). The causes of bipolar disorder are not currently known, but it appears to be one of the most inheritable of all mental disorders (Kieseppa and others, 2004). Specific environmental events interacting with the genetic predisposition may come into play to cause bipolar disorders. However, there is credible evidence that this happens in countries where people eat the lowest amounts of seafood.

CHRISTIAN PERSPECTIVE

Mood disorders are a prominent problem among the Christian community. The areas of mood disorders include major depression, human diversity and bipolar disorder. When it comes to major depression, it more often occurs in women and affects many people in the higher socio-economic brackets. Christians or church members are not exempt. There are times in life when we all go through some level of mood disorder. In difficult life events such as the death of a loved one (Meier 2000), periods of depression will most likely occur. Faithfulness in worship and reading the Bible can be a great support for anyone walking through a time of depression. The Christian Counselor can also be a great help in such a situation. Being able to express the issues surrounding our depression to a Counselor who can help guide us through a time of depression will help us on the road to recovery. To help any person of such mood disorders, we need to utilize a variety of therapeutic approaches. The key to Christian Counseling is to be a good listener and rely on the standard of the Bible and insight from the Holy Spirit.

Equally so, counseling is to help a counselee gain insight. Once people gain insight into the true nature of their problem this helps most of it to be resolved. Balance between past and present situations, between feeling, behavior must be maintained, and using the appropriate directive and nondirective approach in counseling.

SCHIZOPHRENIA AND DELUSIONAL DISORDER

In this section, our research will examine two serious mental disorders in which individuals have such serious cognitive disturbances. In these circumstances, the individuals involved frequently seem to be out of contact with reality.

SCHIZOPHRENIA

Schizophrenia is an unusual disorder that affects about one percent of the over-all population. Men are approximately thirty percent more likely to be affected by schizophrenia than are women (Aleman and others 2003). Schizophrenia is usually preceded by a long period of gradual decline in social functioning and intellectual performance during childhood or adolescence. Based on the findings of Robinson and others (2004), a minor percentage of those who experience an episode of schizophrenia get well completely, and about thirty percent return to relatively normal lives. Coon (2003) indicates that more than half experience repeated episodes of schizophrenia or unrelenting cognitive and emotional disturbances throughout their lives. Let us see some basic segments of schizophrenia such as:

1. Delusion and hallucinations
Here the central feature of schizophrenia is distortions of cognition that put a person out of contact with the reality. People with such conditions often hold strange false beliefs (delusions) and have distorted and bizarre false perceptual experiences known as hallucinations.

2. Disorganized thinking, emotions, and behavior
People with schizophrenia often think in fragmented and disorganized ways. Their emotions and behavior are similarly disorganized and illogical at times. Research shows that a person with schizophrenia might laugh when told sad news or shift rapidly from happiness to sadness and back again for no apparent reason. Many people find it very difficult to have a meaningful conversation with person with schizophrenia.

3. Reduced enjoyment and interests
Persons with schizophrenia often show what is called "blunted affect" (Lahey 2007). Such people find less pleasure in life than most persons and have fewer Interests and goal that is important to them. Their emotions change in unpredictable ways and their positive and negative emotions lack normal interest. Most often, they do not care about things as much as others do.

The causes of schizophrenia need consideration here. After many years of research by psychologists, it is clear that the cause of schizophrenia derives from the interaction of both genetic and environmental factors.

Genetic factors strongly influence schizophrenia, but inheritance is hardly the final destiny in the case of any mental disorder (Sieve and Davis, 2004). Indeed, monozygotic (identical) twins of persons with schizophrenia only develop schizophrenia twenty-five to fifty percent of the time, even though monozygotic twins share all their genes. This means that environmental factors that interact with genetic influences are also important in causing schizophrenia.

There are subdivisions of schizophrenia. In other words, schizophrenia is not a single mental disorder but a broad class of psychotic disorders that is broken down into three major subtypes. Sufficient information is available in the 2000 publication of the American Psychiatric Association of Diagnostic and Statistical Manual of Mental Disorder (DSM-IV-TR) which also contains paranoid, disorganized and catatonic schizophrenia. When it comes to paranoia, an individual holds delusion of persecution and grandeur that seriously distort reality. Disorganized schizophrenia characterizes itself by shallow silliness, extreme social withdrawal, and fragmented delusions. Hallucinated and catatonic schizophrenia surfaces when the individual spends long periods in an inactive state.

DELUSIONAL DISORDER

Delusional disorder is rare and characterized by paranoid delusion of grandeur and persecution. It is not a form of schizophrenia, however, and can be distinguished from paranoid schizophrenia because the delusions in delusional disorder are less illogical and not accompanied by hallucinations.

Lahey gives an example of delusional disorder in the example of Reverend Jim Jones. Jones was a minister who had an impressive record of working for the poor. When he came to believe that he was a prophet of God, perhaps even a new messiah, he convinced a large number of people that his delusion was truth and founded a new religious sect. In 1977, when he began to feel that his sect was being persecuted by the government, Jones took his followers to the South American country of Guyana and founded the People's Temple Jonestown Settlement. He ruled as an absolute master of his people. Over time, Jones declared that he was the only person fit to have sex with and he impregnated most of the women in Jonestown. Upon hearing this, a taskforce from the United States investigated the rumors of human rights abuses. Jones's followers killed many of those that went to investigate. Knowing that their actions would bring more trouble, Jones ordered his followers to commit suicide by drinking a poison that was always on hand for just such a situation. Believing that they were to take their lives for their new messiah, hundreds of men, women, and children drank the poison and died. This was the result of an extreme delusion disorder of one person. (Lahey, 2007)

CHRISTIAN PERSPECTIVE

We may see some people in our church who appear to exhibit schizophrenia and delusional tendencies. In so doing, the person may smile or laugh while explaining a sad personal experience. Other symptoms will also reveal such a condition in the person. In these situations, a person is not in touch with reality.

Whenever a minister of the gospel notices such a possible disorder in the life of a church member, he needs to take appropriate steps to bring that person to normalcy. Preaching the gospel message from the pulpit is very good but abnormal behavior does not always change from the gospel preached from the pulpit. We need to use the gospel to counsel people when appropriate. The

counseling approach would be the best step with which to begin. If such a case is suspect, the Christian Counselor can refer the person to professionals who can make a proper diagnosis. Along with other professional help, ongoing counseling can help bring individuals through such a crisis.

ATTENTION DEFICIT/HYPERACTIVITY DISORDER

Mental health problems are most common in adults. There are other mental disorders that can begin in childhood, but only attention-deficit-hyperactivity disorder known as ADHD is dealt with here. Researchers have discovered that this disorder begins in childhood, but does not always end in childhood. Children who meet the criteria for ADHD tend to become less active and less impulsive as they grow older. All the same, many tend to keep in mind difficulties in sustaining attention. There are a growing number of adults who are being treated for ADHD and it is a growing concern for college students.

Lahay gives some insight of ADHD that I want to mention here:

Attention
1. Cannot sustain attention
2. Often fails to attend to details
3. Makes careless mistakes
4. Highly distractible
5. Often loses pencils, paper and assignment at school or work
6. Often forgetful
7. Does not follow through and complete tasks. (Lahay, 2007)

Hyperactivity-Impulsivity
1. Often leaves seat when should remain seated
2. Often runs and climbs excessively
3. Often has difficulty quietly engaging in play or some leisure activities
4. Often talks extremely
5. Frequently blurts out answers before a question has been completed
6. Often has trouble awaiting his or her chance
7. Regularly interrupts or intrudes on others

According to the DSM-IV, the diagnosis is confirmed when an individual exhibits at least six of either lists of symptoms. Adolescents and adults tend to meet criteria for inattention but not hyperactivity impulsivity.

ADHD can be very serious problem and is frequently associated with difficulties in school and work, difficulties in social relationships, and increased rate of accidental injuries (Lahey & Willcutt, 2002).

CHRISTIAN PERSPECTIVE

Attention deficit or hyperactivity behavior is evident within the Christian community. When we notice such disorders in an individual, we need to pay close attention to that person. This will involve

basic Christian counseling and educating those around the individual who is hyperactive so they will know his or her situation.   For example, we may have people in our church who do not sustain attention or become disruptive during Sunday school classes and Sunday worship service when the pastor in preaching.   Some will consistently be unable to sit still for the duration of a class or service.

This happens in many of our churches.   If we are not careful to distinguish between such behavior of attention deficit or hyperactivity disorders and the operation of demons in the lives of people, we will always say it is the manipulation of demons in the lives of these Christians during church services.

PERSONALITY DISORDERS

Apart from ADHD that starts in childhood, I have mentioned psychological problems that develop in individuals who once were considered normal.   Psychological problems or cases such as schizophrenia, major depression and the other disorders that we have considered are "breakdowns" in the relatively normal person.   In contrast, the personality disorders consider in this section resulted from personalities that developed improperly in the first place.

Personality disorders tend to be long lasting, but are not always chronic (Lenzenweger and others 2004).

SCHIZOID PERSONALITY DISORDERS

Schizoid Personality Disorder is similar to schizophrenia in that the person exhibits blunted emotions and social withdrawal. However, schizoid personality disorders do not characterize serious cognitive disturbances compared to schizophrenia.   People with schizoid personality disorder (SPD) have little or no desire to have friends and indeed are not interested in even casual social contact. They have extreme difficulty getting along with others.   As a result, most of them have unstable work and social histories.   According to Woods and others (2005) some sufferers of personality disorders know that their behavior causes problems, yet seem unable to change.   They commonly blame other people or situations for their problems.

For an individual with SPD to benefit from therapy, he or she must realize that he or she has a problem and be somewhat cooperative with the therapist.   It is evidence that medications have not proved to be very useful in the treatment of this personality disorder.

ANTISOCIAL PERSONALITY DISORDER

Individuals who possess Antisocial Personality Disorder often violate social laws and regulations.   Such people take advantage of others and have less guilty feeling about it.   These individuals have smooth social skills; they are sweet talking con artists who are very likable at first (Lahey, 2007). These people have difficulty in maintaining close personal relationships. They often enter easily into marriage and intimate relationships.   However, they break the relationship quickly.

There is low tolerance for frustration from people with antisocial personalities.   Such people act on their impulses, quickly lose their temper and lie very skillfully. They are unemotional, guiltless, calm

and cool characters. Because of their abnormal need for stimulation, many turn to alcohol and drugs for excitement and become addicted.

OTHER PERSONALITY DISORDERS

The below list is descriptive of some light types of personality disorders from the DSM-IV. We are to be careful not to diagnose others or ourselves just from the descriptions. To diagnose a person the pattern must be extreme and consistent to qualify for a diagnosis.

Schizotypal Personality Disorder:

Few friendships, suspiciousness, strange ideas such as belief that his or her mind can be read by others and that messages are being received in strange ways

Paranoid Personality Disorder:

High degree of suspiciousness and mistrust of others, extreme irritability and sensitivity, coldness and lack of tender feeling

Histrionic Personality Disorder:

Self-centered frequently seeking to be the center of attention, manipulating others through exaggerated expression of emotions and difficulties, superficially charming and seductive but lacking genuine concern for others, and regular anger outburst

Narcissistic Personality Disorder:

1. Unrealistic sense of self-importance
2. Worried about fantasies of future success
3. Requires persistent attention and praise
4. Reacts very negatively to criticism or is indifferent to criticism
5. Exploits others
6. Feels entitled to special consideration
7. Lack of genuine concern for others

Borderline Personality Disorder:

1. Impulsive and unpredictable
2. Unstable personal relationships
3. Angry almost constantly and needs to be with others
4. Lack of clear identity
5. Feeling of emptiness

Avoidant Personality Disorder:

1. Extreme shyness or social withdrawal in spite of a desire for friendships
2. Extremely sensitive to rejection
3. Very low self-esteem

Dependent Personality Disorder:
1. Passive dependence on other for support and decisions
2. Has low self-esteem
3. Puts needs of other before self

Obsessive Compulsive Personality Disorders
1. Perfectionist
2. Dominating
3. Poor capability to express affection
4. Excessive commitment to work
5. Indecisive when required to make major decisions

CHRISTIAN PERSPECTIVE

Many of us as Christians manifest passive aggressive or obsessive-compulsive traits. We need to guard against such behaviors because they can keep us from really becoming all that Christ intends us to be.

Christians with passive aggressive traits are likely to be the half-hearted believers who irresponsibly "wait on the Lord" for everything while condemning others as being less spiritual or not spiritual at all and therefore brag most of the time.

Many Christians including pastors and missionaries fall into obsessive-compulsive traits. They give time to their work to the neglect of spouse and family. The Bible says taking care of one's family must be a top priority (1st Tim 5:8). Christians with obsessive-compulsive tendencies tend to become legalistic, and too absorbed in the mission to take time to relax and have fun. Their conscience is stricter than God's guidelines in the Bible as they fail to distinguish between true and false guilt. They sometimes carry burdens of false guilt about thoughts or actions that do not actually violate God's Laws.

Whenever we act in this manner, we need to be reminded of the grace and mercy of God rather than be overwhelmed with the letter of the law.

CONCLUSION

It is prudent for Christians and especially Christian ministers and counselors to understand Abnormal Psychology. Understanding Abnormal Psychology will help us know how to solve some of the problems affecting many of those we encounter in life and ministry.

Many Christian ministries are involved in deliverance ministries with little or no insight or understanding of Abnormal Psychology and its effect on their church members. This is to the extent that ministers of the gospel take every person who goes to them through spiritual deliverance when some of the causes of their disorders are psychological and medical. With psychological and medical problems, people may need referrals to psychologists, medical doctors or counselors to help them in the process instead of assuming that everything is spiritual. With the understanding of Abnormal Psychology, ministers and counselors can make a greater impact in their ministry.

Part III
Educational Psychology

INTRODUCTION

In an effort to make Education Psychology clearer for better understanding as it relates to learning, cognition and memory, this research will have considered some basic topics in Education Psychology. Herein I have dealt with classical conditioning, operant conditioning and extinction learning. In theoretical interpretation of learning, we will explore the three stages of memory**, forgetting** and why it occurs in learning, and the biological basic of memory.

Since being a Christian does not exempt anyone from these basic learning concepts, I try to include a Christian perspective to every major topic presented in this research. In other words, I have applied it to Christian living.

DEFINITION OF LEARNING

Life is an ongoing process of change. From childhood through adolescence to adulthood, even to death, human beings keep changing. Several factors produce transformation, but one of the most significant is the procedure of learning (Lahey, 2007). Based on our experiences, we acquire new information, new fears, new attitudes, and new skills. We also practice to solve problems in innovative ways by new concepts. Even our personality continues to evolve over a lifetime.

In psychological studies, the term learning denotes any relatively perpetual change in behavior brought about through knowledge that happens through connections with the environment. We need to know that not all changes in behavior are the result of learning. It is restricted to the relatively permanent change in behavior brought about through experience and not changes due to biological causes or injury. There are many different principles of learning. We will look at them systematically and see how they influence us in our lives.

CLASSICAL CONDITIONING (Learning by Association)

As we research and present specific types of learning, we will begin with a simple form of learning called classical conditioning. Let me give a short history of classical conditioning. This study began around the twentieth century by a Russian Psychologist, Ivan Pavlov. He once won a Nobel prize for his work on saliva in digestion. Just to describe the process, Pavlov surgically implanted tubes on his

dogs' cheeks. This helped with the measurement of saliva produced when food was placed in front of or in the mouths of the dogs. Later Pavlov discovered that dogs began to salivate when the dog's attendant entered the room, even before placing the food in front of or in the mouth of the dogs.

From there Pavlov recognized that an inborn reflexive response to food, biologically wired into the dogs' nervous systems, had come under the control of an arbitrary stimulus – the sight of the attendant (Lahey 2007). In other words, Pavlov knew that he had witnessed a form of learning based on the repeated association of two stimuli.

ASSOCIATION

Association is the key element in classical conditioning. To go a bit backward, more than 2,000 years before Pavlov appeared on the scene Aristotle mentioned that two sensations repeatedly experienced together become associated. Let us take for an example, if I visited a tourist site consistently with a friend and one day I went there alone, I would probably bring to memory visits there with my colleague. Alternatively, if I got sick and vomited after eating a certain food, whenever I come across that food, it will bring back that memory and I will not want to eat that food.

TERMINOLOGY OF CLASSICAL CONDITIONING

In the exploration of the Psychology of Learning, particularly classical conditioning, familiarization with the following terms is essential:
1) Unconditioned Stimulus – It is a stimulus that elicited the response without any learning. In other words, the response to an unconditioned stimulus is inborn. The meat powder was the unconditioned stimulus (UCS) in Ivan Pavlov experience.
2) Unconditioned Response – This is an unlearned, inborn reaction to the unconditioned stimulus. Salivating was the unconditioned response (UCR).
3) Conditioned Stimulus – The metronome originally was unable to elicit the response of salivating, but it acquired the ability to elicit a response when paired with the unconditioned stimulus, known as conditioned stimulus in Pavlov's studies.
4) Conditioned Response – This is referred to as the conditioned response. When the dog in Pavlov's experiment began salivating to the conditioned stimulus, salivating became the conditioned stimulus.

Unconditioned Stimulus (UCS) is a kind of stimulus that can prompt a response without any learning; an Unconditioned Response (UCR) refers to an unlearned, inborn reaction to an unconditioned stimulus; Conditioned Stimulus (CS) is the stimulus that comes to elicit a response; and Conditioned Response is a response that is similar to unconditioned response which is prompted by a conditioned stimulus.

DEFINITION OF CLASSICAL CONDITIONING

The term Classical Conditioning is a method of learning in which a formerly neutral stimulus (CS) is matched with an unconditioned stimulus (UCS) to produce a conditioned response (CR) that is similar to or very identical to the unconditioned response (UCR) (Lahey 2007).

For classical conditioning to take place, a (CS) must also serve as a reliable sign for the occurrence of the UCS (Rescorla, 1988). Classical conditioning is a form of learning not because a new behavior is acquired, but because old behavior can be elicited by a new stimulus; behavior is "changed" only in that sense. The term classical conditioning stems from the fact that Pavlov performed the classic laboratory studies of learning. Classical conditioning is also termed as Pavlovian Conditioning.

IMPORTANCE OF CLASSICAL CONDITIONING

The concept of classical conditioning would not be so widely studied by many Psychologists if it only applied to the salivation of dogs in Pavlov's experiment. However, his studies are also helpful in understanding a number of important and amazing issues about human behavior.

Watson and Rayner (1920) give the most widely noted example of classical conditioning. Watson had a conviction that many human fears acquiesce through classical conditioning. This was experimented by teaching fear to an eleven-month-old child. The child (known as little Albert), was first allowed to play with a rat to see if he was afraid or not. At first, the child was not afraid. As they proceeded with the experiment, a steel bar struck loudly with a hammer at the back of Albert's head as he had fun with the rat. The noise caused Albert to cry horribly. After seven similar pairings, Albert exhibited a strong fear response after the rat was positioned near him. He had already learned to fear the rat by means of classical conditioning.

In the standards of today's society, such an experiment would not be ethical. It is interesting to note that in the experiment, Watson and Rayner did not reverse the basic conditioning of Albert's fear (Watson and Rayner, 1920).

Let me close the importance of classical conditioning with the issue of sexual arousal. Studies show a relationship between sexual arousal and classical conditioning (Zamble, Mitchell and Findlay, 1986). According to their research, they placed male rats in a distinctive cage with a sexually receptive female rat. A screen prevented sexual intercourse, but the presence of the sexually receptive female led to sexual arousal in the male. The question put forth was, would the pairing of the receptive cage lead to classical conditioning of sexual arousal to the cage? That was shown by putting the male rats in the same cage later with another receptive female, but this time without the dividing screen. When paired with male rats that had not had the classical conditioning experience and male rats for which the cage was a conditioned stimulus, the rats who had received the conditioned stimulus for sexual arousal became aroused and engaged in intercourse more quickly.

For me I want to agree with Rachman, (1966), that sexual arousal can be classically conditioned has been used to explain the origin of unusual sexual fetishes. Humans may also become classically conditioned to sexual arousal by non-sexual objects, such as shoes, or clothes, leather gloves, etc.

CHRISTIAN PERSPECTIVE

Let see how the theory of classical conditioning can be applicable in the Christian Community or Church. It can determine the likely effects of patterned behavior on people. Sunday School Curriculum being appropriate according to age is an example. When parents respond to restless children by

punishing them, pain-producing reactions are soon associated between behavior and punishment, an example of classical conditioning. The messages also preached about eternal hell may create fear, the same sort of conditioning. Such fear developed through classical conditioning most likely will carry over from childhood to adolescence and adulthood resulting in avoidance of the conditioned stimulus (The Christian Community, Dobbins 1975). An appropriate service for children in the development stage is necessary.

This theory (Classical Conditioning) may help us to understand why other churches prefer certain songs in their worship service, while others prefer different songs for worship. They frequently base those choices on prior experience. Ratcliff noted that if a certain song is associated with emotions in a revival context, those feelings might be elicited by that song at a future time (Ratcliff, 1983). It may be that the response generalizes to other songs of the same style even with the original conditioning context long forgotten. For example, a style of music can be disliked, feared, or even hated because of negative associations from the past.

OPERANT CONDITIONING

If you were charged and fined for consistently parking your car in a spot reserved for only the Director General of a company, you would stop parking in that place. On the other hand, if you sat in a seat in a particular corner of a classroom and was comfortable during your exams, you would probably choose the sit in that seat again.

To a great extent, the increase or decrease of the frequency at which people do things depends upon the consequences of their actions. Operant Conditioning refers to the concept of learning from the consequence of our behavior. The term Operant, originated from the word "operate," which describes behavior that functions on the outside world; it results in consequences for people, and those consequences determine whether we will continue to engage in that behavior. In other words, operant conditioning refers to the form of learning in which the penalties of a behavior lead to variations in the probability of occurrence (Dragon & Staddon, (1999).

It is prudent here to give a short history of Operant Conditioning as first put forth by an American Psychologist, Edward Thorndike (1911). Thorndike was interested in the question of animal intelligence, which he investigated using an apparatus he called "Puzzle box". A hungry cat was placed inside the box, food was placed outside, and the cat's efforts to escape were observed with each trial. Eventually, the cat became more and more efficient at opening the door of the box. Based upon these observations, Thorndike formulated the "Law of Effect", which states that the consequences of a response, determines whether the response will be performed in the future. Thorndike's law of effect formed the basis for subsequent study of Operant Conditioning valued in contemporary Psychology (Lahey, 2007).

Here are three ways in which desirable and undesirable consequences of behavior influences future behavior:

POSITIVE REINFORCEMENT

What we need to understand here is that many of our own actions causes things to happen. On the other hand, the consequences of our actions often influence our future actions. When a consequence of behavior leads to an increase in the probability to the reoccurrence of that behavior in the future, we are looking at positive reinforcement. In this case, the consequences of the behavior are positive which makes such a behavior to engage more frequently.

In an attempt to give a clear example of positive reinforcement, Lahey (2007) mentioned a team of preschool teachers in early 1960's who conducted a classic study to help a young girl overcome her shyness. This classic study has been a widely used example of positive reinforcement (Allen and others, 1964).

The teachers were worried because they noticed that the girl spent little time playing with peers and too much time with her adult teachers. They carried her through positive reinforcement. The teachers decided to praise her only when she was playing with another child who was a peer because they knew that she enjoyed receiving praise from the teachers. The use of positive reinforcement changed the behavior of the child. It was not long before she was playing with other children.

There are two important issues when it comes to positive reinforcement that we note here: the first one is "timing". The optimistic reinforcement provided within a short time following the reply, or learning will improve very slowly. The greater the delay between the response and the reinforcement, the slower the learning will become. This is a phenomenon known as "Delay of Reinforcement".

Now, let us look at the second one, "Consistency in the delivery of Reinforcement". For this second aspect of positive reinforcement, the individual providing positive reinforcement must consistently give it after every response in order for learning to take place. When learning has already taken place, it is not necessary to reinforce every response continuously. Apart from positive reinforcement occurring when arranged, natural consequences of behavior could be reinforcing also.

Two types of reinforcement need consideration here. The two are primary and secondary reinforcement. We need to know where positive reinforcements come from, whether they are inborn or acquire through learning. Some are inborn and some are learned (Lahey, 2007). The prime reinforcers such as food, water, warmth, sexual gratification, and physical activity are not acquired. Secondary reinforcers are very important in Operant Conditioning as they are learned through Classical Conditioning (Association of two Stimuli).

Psychologists describe four types of schedules of reinforcement and show the effects of each on behavior, as follows (Fester & Skinner, 1957):
1) Fixed ratio schedule - Here the reinforcement is provided only after a definite number of responses. This produces a high rate of response because many responses need to be made to get the reinforcement.

2) Variable ratio schedule – In here the reinforcement is attained only after a varying number of replies have been made. These schedules yield very high rates of responding and the knowledge is rather permanent.

3) Fixed interval - In this case, the basis of the schedule of reinforcement is not on the number of responses but on the passage of time. This produces a pattern of behavior in which there are very few responses until the fixed interval of time approaches and then the rate of responding increases rapidly.

4) Variable interval – The timetable of reinforcement is where the foremost response is made after a varying amount of time. Like that of the variable ratio schedule, the variable interval schedule produces high rates of steady response. Even though it is not a good schedule for initial learning, it produces highly stable performance when the response has already been partially learned through continuous reinforcement. Here we see the strategy of positively reinforcing behaviors that are successively more similar to desired behaviors known as shaping.

The principles of Operant Conditioning have been used effectively to train animals, not only to perform entertaining tricks, but also to help physically challenged individuals lead independent lives. Through shaping, animals at Zoo's and Marine Parks can be conditioned to perform a wide range of amazing feats (Breland and Breland, 1961).

It is possible to reinforce responses that rarely occur but it could take a long time. As in the experiment by B.F Skinner on a rat, known in shaping as Skinner Box. This concept in shaping is the gradual molding of responses to a desired pattern (Coon, 2003).

In many situations, the response that we want to reinforce never occurs. For instance, you want to give positive reinforcement a student to make regular use of the library to do assignments. You may have to wait a long time for that behavior to occur. If left with the student alone, they would spend little, if any time, using the library. The idea is to reinforce responses that are progressively more similar to the response that you finally want to reinforce. In doing so, you increase the probability of the targeted response and reinforce it when it occurs.

NEGATIVE REINFORCEMENT

Having dealt with positive reinforcement, which occurs when a pleasant or desirable event follows a response, we now turn to negative reinforcement. Negative reinforcement occurs when making a response removes an unpleasant event. Do not be deceived by the word negative. Negative reinforcement also increases positive response. However, it increases response by ending discomfort.

Coon (2003) narrates an example of negative reinforcement in suffering from a headache and taking an aspirin. When the headache stops by taking the aspirin, it is negatively reinforced or will be negatively reinforced. On the other hand, a rat could be taught to press a bar to get food (positive reinforcement); or the rat could be given a continuous mild shock (through the floor of its cage) that is turned off by pressing a bar (negative reinforcement) (B.F Skinner Box). Either way, bar pressing increases because it leads to a desired state of affairs (food or an end to pain). Positive and negative reinforcements are frequently combined for effectiveness. Let us take for instance, if you are hungry,

eating food will be reinforced by the good taste of the food which is positive; ending hunger is also reinforced which is negative.

This also applies to training students in classrooms. Positive reinforcement includes money or praise when a student brings home an A$^+$ on their report card. It could also be praise from the teacher for making an "A" in a course. Alternatively, as positive reinforcement involves the demonstration of a desired stimulus, negative reinforcement takes into account the removal or avoidance of a hostile (unpleasant) stimulus (Woolfolk, 2004).

Let us consider an example of negative reinforcement. Consider the student repeatedly sent to the principal's office. They probably receive some reinforcement that keeps them breaking the rules. The misbehavior may be getting them out of a "bad" situation such as a test or a class that causes anxiety. If this is the case, then the system maintains the misbehavior through negative reinforcement.

PUNISHMENT

Negative reinforcement is often confused with punishment. The difference is that reinforcement both positive and negative always involves strengthening behavior while punishment involves a decrease in or a suppression of behavior. As reinforcement has two forms, so it is with punishment also. Anita E. Woolfolk (2004) names them presentation punishment and removal punishment. Presentation punishment is when a teacher uses demerits, extra work and so on to suppress or decrease student behavior. When it comes to removal punishment, it is where teacher or parent takes away privileges after a young person has behaved inappropriately to correct that behavior.

Let me illustrate the whole concept of positive and negative reinforcement, which increases behavior and presentation punishment and removal punishment, which suppresses and decreases behavior in the following chart:

Reinforcement	Punishment
Behavior is increased	Behavior is suppressed/decreased
Positive reinforcement e.g., good grades	Presentation Punishment e.g., Spanking the students
Negative reinforcement e.g., Excused from Class work	Removal Punishment e.g. Without recess for about a week

CONTRASTING CLASSICAL AND OPERANT CONDITIONING

Classical and operant conditioning vary in some ways. Let me mention two aspects here as examples:

1) Classical conditioning usually involves an association between two stimuli, such as a tone and food (Lahey, 2007).

   In contrast to this, Operant Conditioning considers an association between a response and the resulting consequence, for instance studying hard and scoring an A.

2) Classical Conditioning – usually involves reflexives, involuntary behaviors controlled by the spinal cord or autonomic nervous system. These include fear responses, salivation and other involuntary behaviors.

Operant Conditioning on the other hand, involves a more complicated involuntary behavior that are mediated by the somatic nervous system.

STIMULUS DISCRIMINATION AND GENERALIZATION

Responses do not equally occur in circumstances. Let me give you a few examples: Most students behave better when their teacher is in the classroom. Another one could be the tendency for a boy to clean his room when a new girlfriend is to visit him than when no one is going to his room. This phenomenon is called Stimulus Discriminate, between appropriate and inappropriate occasions for a response.

The opposite of stimulus discrimination is stimulus generalization. This term indicates that people do not always discriminate between stimuli that are similar to one another. This means that, the more similar two stimuli are the higher the tendency that the individual is to respond to them in a manner as if they were the same stimulus.

CHRISTIAN PERSPECTIVE

When it comes to Operant Conditioning, reinforcement in the Christian setting (Church) might be useful. For example, rewarding a person for being regular in Sunday school class or for learning memory verses could generate positive results. The use of reinforcement in the Church is consistent with the teaching of the Bible. Throughout the Bible, there are illustrations of positive behavioral consequences. Following God's law, which has positive results both in the realm of natural consequences and eternal rewards are emphasis in the book of Proverbs. Christian fellowship and a personal relationship with God are a sound foundation and provide positive consequences to the Christian life.

We can see shaping in the Bible in both negative and positive terms. In the book of Jeremiah, chapter 18, verses 1-6, Jeremiah talks about God "shaping" Israel as a potter shaped a vessel. God shapes us when we openly embrace His teachings. God has many methods to shape us that may not always be positive, as we might think. Sometime it is difficult to read certain books of the Bible because of its complexity or figurative speech, like the book of Revelation. Christians are to be encouraged to read small portions, which could be reinforcement for further reading.

EXTINCTION (LEARNING WHEN TO QUIT)

The process of learning is cardinal to human life. We learn to cope with the demands of our environment through this process. Nevertheless, the world is always changing. Therefore, people have to change also.

When changes in our environment do not lead to changes in our learned behavior, we could be in a dilemma. First, let us look at the word "Extinction". If a learned response seizes to exist due to the aspect of the environment that initially caused the learning changes, then what we call extinction has occurred. In many respect the process of extinction are similar for both classical and operant conditioning.

REMOVING THE SOURCES OF LEARNING

`Extinction' occurs because the original source of the learning has been taken away. When it comes to Classical Conditioning, learning takes place because of two stimuli respectively paired together. As we saw in Pavlov's experiment, if the dog were to stop receiving meat powder with the sound the bell, the dog would eventually stop salivating to the sound of the bell.

Let us take for example, if a student is too fearful to participate in gym class, he or she can gradually work out the problem by taking small steps toward the goal. Clarizio (1971) suggests that such a student first read exciting stories about sports figures, watch others play at recess, keep score, and slowly get more and more involved in the activities in gym. Secondly, to work with a student who is anxious or afraid of tests, getting them to take small steps can help overcome the learned behavior causing the fear. This could be a number of short quizzes of varying difficulty in a non-competitive situation.

In the case of Operant Conditioning, extinction results from a change in the consequences of behavior. A response that is no longer reinforced will eventually decline in frequency. If we can go back to Skinner Box, if his rat were no longer given food pellets for bar presses, the bar pressing would eventually stop. Equally so, if a student's behavior was reinforced by good grades, when the teacher stops marking the student's paper with grades as before, the increase in the study behavior of that student may decrease and eventually stop.

SPONTANEOUS RECOVERY AND DIS-INHIBITION

The course of extinction is not always smooth. Normally, the learned response occurs many times before extinction is complete. Consider again the fear of a student in taking tests. The strength of the response gradually decreases because the test no longer causes fear. If, however, there is a long time between the administering of tests fear can reappear the next time the test is administered. This is known as spontaneous recovery. This may occur several times during the course of extinction, but as long as the stimulus continues to be presented alone, the recovered response will be extinguished more quickly each time until the response no longer recurs.

Now let us turn to dis-inhibition. In some cases, the strength of the extinguished response returns for a reason other than spontaneous recovery. If an intense but unrelated stimulus event occurs, it may cause the extinguished response to return temporarily. For example, if a teacher enters a class with lot of exams papers in his hand, the fear response of the students might come back for a while. This phenomenon is dis-inhibition. This term will not seem to fit the phenomenon unless Pavlov theoretical reasons on dis-inhibition is understood (Lahey, 2007).

CHRISTIAN APPLICATION

In a Church or Christian Institution setting, extinction applies. Doctrines that have been taught in a Church or Christian Institution over time through reinforcement that are incorrect, but accepted and believed through such a thing as giving rewards for learning those doctrine correctly. In order for correct Biblical doctrine to be learned and accepted, extinction of the old belief must take place.

Extinction can occur by removing the rewards associated with errant doctrine in order to teach the true doctrine.

When teaching the true Doctrine, reinforcement through rewards is necessary, but they received other benefits in addition to materials rewards. It would be better to focus on the social-emotional rewards of being with fellow believers rather than relying on the exclusive use of external rewards.

THEORETICAL INTERPRETATION OF LEARNING

What is learning? Is it when a person's behavior changes as the result of classical or operant conditioning? What exactly has happened to the person? One view dating back at least to the time of Pavlov is that neutral connections between brain regions associated with specific stimuli and specific response acquired during the learning process.

COGNITION OR CONNECTION?

There has been a considerable amount of research conducted through the years to evaluate the connectionist and cognition theories of learning. Although most of it has been carried out using animals as subjects, what has been learned about the nature of learning is relevant to human behavior.

MODELING

Modeling is a term used when teaching dance, sports and crafts, as well as developing kill and knowledge in such subjects as Home Chemistry, Economics, and Shop. Modeling applies purposely in the classroom to explain mental skills and to burden horizons to teach innovative ways of reasoning and processing information. For example, a teacher might model sound critical thinking skills by thinking "out loud" about boys in a high school class who seem to have stereotyped ideas about the careers available to women or she might invite women with non-traditional jobs to speak to the class.

Modeling, when applied deliberately, can be an effective and efficient means of teaching new behavior (Bandura 1986, Schunk, 1987). Modeling can also reinforce. It can make commendation more effective. Zimmerman and Pike (1972) affirm, for example, when second grade students were learning to ask questions in a small-group setting, modeling plus praise was much more effective than praise alone.

Models that are the same age as the students may be particularly effective. For example, Schunk and Lanson (1985) compared two methods for teaching subtraction to second graders who had experienced difficulties learning this skill. One group of students observed other second graders learning the procedures, and then participated in an instructional program on subtraction. Another group of students watched a teacher's demonstration, and then participated in the same instructional program. Compared to the students who had seen the teacher's demonstration, the student who observed peer models, not only scored higher on tests of subtraction, but also gained more confidence in their own ability. In this case, the most effective model seems to be students of the same age who demonstrate competence in learning. As for students who doubts their own abilities, a good model is a low-achieving student who keeps trying and finally masters the materials (Schunk, 1987).

BIOLOGICAL FACTORS IN LEARNING

Learning is a great process that shapes our livelihood, but we must not exaggerate the relevance of any psychological process, even learning. We must keep in mind that our ability to learn from experience is not limitless, but influenced in a number of ways by biological factors. Has it ever occurred to you that the biological nature influences what people can learn? It appears that people are biologically prepared to learn some kinds of fear more preferably than others do (Ohman & Mineka, 2001). It is easier to typically condition a fear of something that has some intrinsic connection with danger (snakes, blood, heights, etc.). Using electric shock as the unconditioned stimulus (UCS) in Pavlov's experiments may be more powerful than it is to condition a fear of truly neutral things.

CHRISTIAN PERSPECTIVE

Modeling takes place in the Church or Christian Community and can be useful in the Church. A Church leader can be an effective model by demonstrating to the Christian community how to witness, how to give practical help to those in need, and care in visiting the sick. People are more likely to observe and follow what he or she says when they also see the demonstration of a good example in everyday life.

The Bible presents clear descriptions of many godly people. Christian must strive to model these positive examples. Jesus Christ himself was an example by his life. In so doing, Christians should model the patterns of great men and women of God in every area of life. Let us be who God wants us to be.

THREE STAGES OF MEMORY

The information processing approach relies on the computer as a model for human learning. Similarly, as the computer, the human mind receives information, performs operations on it to alter its form and content, stores, detects and generates responses to it. Thus, processing includes gathering and processing data, or encoding; retention, or holding information; and selecting the information when needed, or retrieved. Information processing theorists engage learning mostly through memory studies.

SENSORY REGISTER

We see those stimuli from the environment (sights, sounds, smells, and so on) constantly bombard our receptors. Receptors are the components of the sensory system for seeing, hearing, tasting, smelling and feeling. The whole system of receptors is the sensory register.

The pattern of neural activity produced when stimuli reach the receptors lasts only a very brief time (one to two seconds). Yet, in these moments, we have chance to select information in our own sensory register. Let us look at Lindsay & Norman's (1977) example on the sensory register. Tap your fingers against your arm. Feel the immediate sensations, then stop tapping and note how the sensations fade away. At first, you retain the actual feeling of the tapping, but later you only recollect that your arm was tapped.

In this case, the sensory input remains briefly after the stimulus has left. You can feel the trace of the tap and see a trace of the fingerprint after the removal of the actual stimulus. The sensory

information held by the sensory register resembles the sensation from the original stimulus. Visual sensations, briefly coded by the sensory register as images, and auditory sensations as sound patterns keep the stimulus memory. It may be that the other senses also have their own codes.

Because the sensory register holds everything briefly, we have a chance to make sense of it-to organize it (Lindsay & Norman, 1977). Organization is necessary because there is much more information available in the sensory register than can possibly enter the next system the short-term memory. Instead of perceiving everything, we pay attention to certain features of the total content in the sensory register and look for patterns. The process of the perception and attention are critical at this stage.

Perception refers to the meaning we attach to the information received through our senses and constructed partly from the way we organize the information. Smith, in his illustration (1975): If asked what the letter "B" is, you would say, "B". If asked to say what the number "13" is, he would say "13". The actual marks remain the same; the perception, their meaning, changes based on the expectation of recognizing a number or a letter. To a child without appropriate cognitive structures to perceive either a number or a letter, the marks would probably be meaningless.

Our understanding of perception is based on studies conducted in Germany by Psychologists, called Gestalt Theorists. Gestalt means pattern or configuration in German and refers to people's tendency to organize sensory information into patterns or relationships in order to adequately understand the world. "Pragnanz" is the cardinal principle of Gestalt psychology. This principle states that we recognizing stimuli to make them simpler, more complete, and more regular than they actually are.

Another concept of Gestalt psychology is "Figure-ground". The Gestalt principle is the tendency to focus on certain elements as standing out against a background. For example, as a teacher, you may notice that a particular behavior of one student has become "figure" to you, while the same behavior in other students is "ground". It may seem that one student is constantly turning in assignments and test papers late, or losing pencils, or giving excellent answers when in fact, a number of students are behaving in the same way. If this happens, it may be good to check your perceptions by making an objective assessment of the behavior of all the students. Why are you noticing the good for bad behavior of one student? Are your attitudes and expectations concerning one student coloring your perception (Woolfolk, 2004)?

Let us consider the role of attention. Sights and sounds bombard our senses every second. By being attentive to certain stimuli and disregarding others, we make a choice from all the options what we process, nevertheless attention is limited. Unless you are accomplished at paying good attention at two demanding tasks at the same time, you probably cannot do both at once. When you were learning to drive or type, you had to concentrate. Having mastered those tasks, you may now be able to drive or type while giving attention to other matters at the same time. This is so because many processes that require attention and concentration at first have become automatic with practice.

Take for example, a second (2nd) grader who must sound out each word when reading. It is prudent to note that students can vary greatly in their ability to attend selectively to information in their environment. We need to be careful when diagnosing a student as being learning disabled attention disorders (Hallahan & Kauffman, 1986). It is evidencing the students learn more when the teacher is animated in delivering a lecture and uses non-verbal materials along with the verbal (Kauffman, 1976).

SHORT-TERM MEMORY

When the information in the sensory register is transformed into patterns, images or sounds (or perhaps other types of sensory codes), it enters the short-term memory system. Information stays there like a sensor register for a short period, probably about twenty seconds. Information can be held for a longer period of time only if you do something with it to prevent forgetting, such as rehearsing the information mentally.

Short-term memory is limited by the length of time unrehearsed information is retained and also by number of items that can be held at one time. In experimental situations, it appears that only about five to nine separate new items stay in short-term memory at one time (Miller 1956). Short-term memory, sometime known as working memory, holds the information that we are thinking about at any given moment. In other words, if we want to use any information, it must be in your short-term memory. For this reason, some psychologists have also considered the short-term memory to be synonymous with consciousness.

The finite capacity of short-term memory is likely to be somewhat circumvented by the regulatory process of chunking. Since the number of bits of information, not the size of each bit, is the problem for short-term memory, individual bits of information combine in some meaningful way so that the capacity is not exceeded and more information can be retained. For example: if the six digits 3, 5, 4, 8, 7 and 0 have to be remembered, it is easier to put them together into three digits (35, 48, 70) of information to hold at once.

LONG-TERM MEMORY

There are several differences between long-term memory and short-term memory. Information enters short-term memory very quickly and a bit of effort is required to move information into long-term storage. Whereas the capacity of short-term memory is limited, the capacity of long-term memory appears to be unlimited for all practical purposes. Additionally, once information is confidently stored in long-term memory, it apparently stays there permanently. In theory, we should be able to remember as much as we want for as long as we want. Of course, the problem is to find the right information when needed.

Our access to information in short-term memory is immediate. One of the ways to define information in short-term memory is what we are thinking about at that moment. Access to information in long-term memory requires time and effort. This can be compared with computer information. Short-term memory is like information in the workspace of a computer. It is what you are dealing with at the moment. If you wish to "save" the information, you have to do something with it to place it in

permanent storage.   If you want to work with information previously stored, you have to retrieve it from storage and bring it into the current workspace.

Schemata, as Anderson (1985) has noted, says that propositions are fine for representing small units of meaning, but they fail when it comes to representing the large sets of organized information that we know about particular concepts. For the larger, more complex tasks, we need data structures that organize vast amounts of information into a meaningful system. We call these data structure schemata. Schema (the singular form) becomes a pattern or guide for understanding an event. The schema tells you what specific information to look for in a particular situation, what to expect. The schema is like a stereotype, specifying the "standard" relationships and sequence of events involved with an object or situation (Rumelhart & Ortony, 1977).

CHRISTIAN PERSPECTIVE

The application of the memory theory not only applies to College and Seminary education, but is also relevant and applicable to the teaching of the Church. When it comes to Bible memorization, for example, it is best to breakdown the words of a verse to be learned into groups of seven or less (Meier & others 2000).   Verses should be divided into conceptually related sections.   When people are told to learn Bible verses, they cannot understand, religion becomes difficult to comprehend.   In this sense, we need to teach verses that are meaningful and applicable.   It is true that the limits of short-term memory often surface indirectly when the congregations recite scripture together.   To get these verses into the long-term memory they need frequent rehearsing.   When a Biblical truth is taught, emphasis must be made on them repeatedly, until the truths are stored in long-term memory.

FORGETTING AND WHY IT OCCURS

So far, we have talked about remembering and forgetting in term of the three stages of memory. Forgetting is different both in short-term memory (STM) as-well-as in long-term memory (LTM). Some theories can be considered here.

DECAY THEORY

The decay theory states that a memory that is not used for a while fades slowly over time.   This theory has been around for a long time and fits our common sense of understanding of forgetting.   Until recent years, many psychologists discarded it as being wholly incorrect.   Nevertheless, as we will see in an instant, forgetting is highly complicated than the simple fading of memory.   It traces and considers factors other than just time.

The acceptance by most psychologists of some version of the three-stage conception of memory has brought the decay theory back into limited favor. It seems that the common passage of time is the cause of forgetting both in the STM and in the sensory register (White 2002). On the other hand, it does not appear that decay due to the passage of time is a cause of forgetting in LTM. Memory trances seem to be "permanent" after they make it into LTM. Nevertheless, forgetting does not appear to happen in LTM due to disuse overtime but because of other factors, predominantly interference and making memories irretrievable.

INTERFERENCE THEORY

Based on strong evidence, the Interference Theory claims that forgetting in LTM does not occur because of the passage of time but, rather, because other memories interfere with the retrieval of what you are trying to recall, especially if the memories are similar to the ones you are trying to remember. The fact that other memories must be similar to the ones you are trying to recall in order to interfere with retrieval was demonstrated in a classic experiment by Delos Wicken and his Associates (Wicken, Born, & Allen, 1963). Wicken asked one group of research participants to memorize six lists of three-digit combination (such as 246, 349, 687). These individuals became gradually worse at remembering as they memorized additional lists. The earlier memorized lists intermeddle with the recall of each recent list. Upon reaching the sixth list, their performance was extremely poor. A second group of individuals was asked to memorize five lists of combinations of three letters and then to memorize a list of three-digit combinations like those used in the first group. These participants became progressively confused due to the buildup of interference. When they memorized the list comprising of digit combinations instead of a list of letters, their memory performance shot up, this shows that the letters were very dissimilar to the digits to interfere with their recall. Interference comes primarily from similar memories. Psychologists refer to the interference built up by prior learning as proactive interference and to inference created by later learning as retroactive interference.

RECONSTRUCTION THEORY

The reconstruction theory was first presented in 1932, by Sir Fredric Barlett and was also known at the schema theory. This theory suggests that information stored in LTM is not forgetting in the usual sense but recalled in a distorted, incorrect manner. Schemas are associative networks consisting of beliefs, knowledge and expectation. Our recollection of information in long-term memory becomes distorted when we recall it in ways that are more consistent with our schemas. Take for example, suppose you hear a story is favorable about a person on most points but contains some negative information. Afterward, when you tell the story to another person, you tend to recall the negative point about the person and minimize the positive points. Being that your Schema for this person is negative, you may unknowingly add a few fictional details that embellish the negative parts of the story or explain away the positive things said about him or her. Can you trust someone who does not like you to recall accurately a story about you? Most of the time, it is not possible.

MOTIVATED FORGETTING

Many years ago, Sigmund Freud suggested that we forget some information because it is threatening to us in some way. Freud believed that the conscious mind often dealt with unpleasant or dangerous information by pushing it into unconsciousness, by an act of repression. It appears however, that the relationship between emotion and memory is more complex than first assumed by Freud. Emotional arousal does not always lead to poor memory sometimes-emotional arousal improves memory in some ways.

A series of Laboratory studies by Psychologist Michael Bock (1986, Bock & Klinger, 1986) examined the relationship between emotional arousal and memory. When individuals were shown a list of words and asked to recall them later, they were better able to recall words with positive emotional impact than words with negative emotional impact.

HUMAN DIVERSITY

Does culture influence even basic intellectual skill, such as memory? Many psychologists believe that our cultural circumstances have a powerful impact on many fundamental aspects of intelligence. For example, Judith Dearins (1986) hypothesized that Australian aborigine people possessed better visual memory skills for objects than white Australian children. She reasons that excellent visual memory skills allows the aboriginal people to live and thrive in the challenging desert environment in which many of them live.

I tend to agree with some of what Kearins say, although this happens at varying degrees in different cultures. What is cardinal in many cultures is for an individual to know what type of information is most important to remember what they need for survival within their ethnic group. It is true in many cases that ethnic community influences the approach to memorization and other intellectual skills. In this kind of study, Education Psychology should be aware of cultural influences within the cultures they encounter and its impact in the field of education.

CHRISTIAN PERSPECTIVE

There are many things responsible for forgetting. I will try to apply some basics from a Christian perspective. For example, we must distinguish between similar and dis-similar ideas and be aware of interferences these may cause in relationships and educational understanding within the church. For example, when we speak of 'church', some cultures may understand that to mean a structure or organization while others will define 'church' as a body of believers in Christ.

The way some Christians interpret or understand some topics of doctrine is quite different. Let us look at an example given by Meier and others when approaching the topic of holiness. Some Christians says that Christians filled with the Holy Spirit do not sin and others say that Christians sin every day. The meaning they give to the word 'sin' may not be the same. Without a clear understanding of how the person defines such words as holiness and sin, interference and wrong judgments will cause conflict. What we are saying here is that interference, misunderstanding and confusion is not limited in the secular world. It is also a major problem in presenting the gospel of our Lord Jesus Christ. People use different definitions for such terms as righteousness, born again, salvation, deliverance etc.

BIOLOGICAL BASIS OF MEMORY

Through the study of the brain in the storage and retrieval of information, new information concerning memory has surfaced in recent years. This not only gives us a better understanding of the functions of the brain, but also helps us understand memory.

SYNAPTIC THEORIES OF MEMORY

Physical changes must take place in the nervous system when we learn something new (Baddelay, 1998, McCaughey, 1983). If some physical change did not occur, it would be difficult for us to recall the new learning later. "Engram" is what remains after learning according to early memory researcher, Karl Lashley, which is the biological basis of memory. Neuro Scientists have searched for the engram for a long time; there is not yet a full consensus as to what or where it is. Nevertheless, it is presently one of the most active areas in Psychological Research.

A theory stated many years ago by Canadian Researcher Donald (1948) and reflected upon by Jeffrey and Reid (1997) claims that synapsis still provides an accurate model of the physiological processes responsible for learning and memory. According to Hebb's theory, synaptic facilitation is the biological basis of learning and memory. In this, individual experiences result in unique pattern of neural activity that causes structural changes in the synapse to occur. These changes lead to firing in the loop possible in the future. Precisely, synapses tend facilitated or more efficient.

STAGES OF MEMORY AND BRAIN

We see that the result of research on the brain's role in memory reveals two ways in which STM and LTM differ:
1) Difference in the role of synaptic changes, and
2) Differences in the brain structure involved in STM and LTM

First, there is extensive evidence that the changes in the synapse are involved in Long-term memory (LTM), but not short-term memory (STM) Ezell, 1994; Kwon and other, 2001). Secondly, different brain structures are involved in STM and LTM. Let us look briefly at the stages of memory and the brain:

1) Visual Information – first routed through the Thalamus to the vision area of the cerebral cortex is the basis for sensory register.
2) Then, the information is relayed to the frontal and parietal lobes, where it can be held in short-term memory.
3) Information stored in long-term memory is then held in the hypothalamus for weeks or months, and then transferred to the area of the cerebral cortex, near where initially processed, for a long-term storage.
4) When we recall information from long-term memory, it is routed again to the frontal and parietal lobes, where it is heed in short-term (or, a working) memory.

AMNESIA

There are major disorders of memory that we need to focus our attention here. They are essential in their own right because of what they tell us about the biological basics of memory.

Let us begin with retrograde amnesia. Take for example, when an accident takes place and people die, but a survivor of the accident suffers a concussion and cannot remember what happened in the minutes before or during the accident. We refer to this condition as "Retrograde Amnesia". In retrograde amnesia, there is typically little or no disruption of STM and the individual can create new long-term memory. During the period after the amnesia, according to Kapur, (1999) the period of memory loss is not for the individual's entire lifetime but extends back in time for a period of minutes or day. Seizures, brain damage of various sorts, a blow to the head or a highly stressful event can cause retrograde amnesia.

The second aspect of amnesia is "Anterograde Amnesia". It is a disorder of memory characterized by an inability to store or retrieved new information in the LTM. We will close this topic on amnesia with the result of research done by Milner, Corkin and Teuber (1968) as explained by Benjamin B. Lahey.

A famous surgical patient known as "H.M" began suffering major epileptic seizures that increased in frequency to about once a week by the age twenty-seven, despite the use of anti-seizure medications, leading his neurosurgeon to conclude that surgery must be performed to stop future seizures. The surgeries destroy several brain structures important to memory. The procedure dramatically reduced the incidence of the seizures, but left H.M. with severe anterograde amnesia. He retained his above average intelligence and had nearly normal memory for anything that had been stored in LTM prior to the surgery, but he had severe memory deficits for events that happened after the surgery. "H. M.'s" STM (Short Term Memory) was normal after the surgery. Like most people, he could retain verbal information in STM for about fifteen seconds without rehearsal and could retain information for longer intervals if allowed to rehearse it. However, H.M. had serious problems in storing new information in LTM and then retrieving it. He had almost no knowledge of current events because he forgot the news as soon as it slipped out the STM. He could read the same magazine repeatedly because it was "new" to him each time. He could not remember what time of day it was unless he had just look at a clock.

CHRISTIAN PERSPECTIVE

You may encounter a person in a Church who is moody, impulsive and may use words indiscriminately. You might draw the conclusion that this person developed this way from adolescence. However, it could be from an accident or other medical condition. There is a possibility that this person's brain may have sustained damage to the prefrontal area. They may need an examination by a neurologist or a neuropsychologist for diagnosis. A person with brain damage may have problems with impulse control and may not be able to control his language. In this case, the problem is not spiritual in nature but physical. Gradually the person may develop spiritual problems due to the physical difficulty.

We must remember the holistic nature of humanity: body, mind and spirit. A problem in one area may produce problems in other areas. We will observe children in the church who have problems with reading. There are things we could consider, instead of spiritualizing everything. It could be that the tertiary parietal area of the brain may have delayed in developing in these children or that the child has not had an opportunity for formal education within a school system. They may be unfamiliar with religious terms because religious terminology is new to them. Always look for the more obvious reasons before concluding the child may have more severe learning problems. On the other hand, it may be based on ability rather than familiarity with religious education (Meier and other 2000). It is obvious that different content will need different mental abilities and thus the use of different sections of the brain.

CONCLUSION

It is fundamental for a Christian teacher, Minister or Counselor to have in-depth understanding of Educational Psychology. Basic comprehension in Educational Psychology will help in achieving the

Educational / Teaching Objectives in the Church, Seminary, Bible College and Leadership Training. It is also essential to our Bible Study Classes and Sunday School Department.

Many Christian Educators are involved in the Teaching Ministry but are ignorant to Educational Psychology. Understanding Educational Psychology in a teaching ministry will help to enhance the work that we are doing as the teaching ministry of the Gospel of our Lord Jesus Christ. It is my ardent hope that every teaching minister of the Gospel will devote time to read, study and comprehend Educational Psychology backed by the Holy Spirit, rightly dividing the Word of Truth.

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