

DOWNLOAD PDF THE PERCEPTION OF EFFORT IN ADULT MALES POSSESSING EITHER THE TYPE A OR TYPE B BEHAVIOR PATTERN

Chapter 1 : ADW: Papio hamadryas: INFORMATION

Get this from a library! The perception of effort in adult males possessing either the Type A or Type B behavior pattern. [Michael Alan Ross].

Coronary heart disease is also much more common in individuals subjected to chronic stress and recent research has focused on how to identify and prevent this growing problem, particularly with respect to job stress. In many instances, we create our own stress that contributes to coronary disease by smoking and other faulty lifestyles or because of dangerous traits like excess anger, hostility, aggressiveness, time urgency, inappropriate competitiveness and preoccupation with work. These are characteristic of Type A coronary prone behavior, now recognized to be as significant a risk factor for heart attacks and coronary events as cigarette consumption, elevated cholesterol and blood pressure. While Type A behavior can also increase the likelihood of these standard risk factors, its strong correlation with coronary heart disease persists even when these influences have been excluded. However, there is considerable confusion about how to diagnose and measure Type A behavior and numerous misconceptions about which components are the most as indicated in the Interview with Dr. Ray Rosenman, one of the co-authors of the Type A behavior concept. The following discussion is designed to clarify these and other aspects of the role of emotions and behavior in heart disease and how this may relate to the explosive increase in job stress. References have also been provided to obtain additional details on items that may be of special interest. Emotions, Behavioral Traits and Heart Disease: Some Historical Highlights The appreciation that different emotions could have powerful influences on the heart and the recognition of some intimate but poorly understood mind-heart connection is hardly new. Aristotle and Virgil actually taught that the heart rather than the brain was the seat of the mind and soul and similar beliefs can be found in ancient Hindu scriptures and other Eastern philosophies. Broken-hearted, heartache, take to heart, eat your heart out, heart of gold, heart of stone, stouthearted, are just a few of the words and phrases we still use that vividly symbolize such beliefs. William Harvey, who discovered that the circulation of the blood around the body through vessels was due to the mechanical action of the heart also recognized that the heart was more than a mere pump. Osler, He later wrote that he could make the presumptive diagnosis of angina based on the appearance, demeanor and mannerisms of the patient in the waiting room and how he entered the consultation room. Osler, In the s, the Menningers suggested that coronary heart patients tended to be very aggressive. Dunbar, Kemple also emphasized fierce ambition and a compulsive striving to achieve power and prestige. Wolf, In Greek mythology, Sisyphus, the king of Corinth, was doomed by the gods to a life of constant struggle by being condemned to roll a huge marble bolder up a hill, which, as soon as it reached the top, always rolled down again. Wolf characterized people who were coronary prone as constantly striving against real but often self-imposed challenges, and even if successful, not being able to relax or enjoy the satisfaction of achievement. Blood cholesterol level, blood clotting time, incidence of arcus senilis and clinical coronary artery disease. Neither of these two cardiologists had any expertise in psychology, which may have been fortuitous, since they had no preconceived notions. What they did have was an unusual combination of curiosity, diagnostic acumen and a bio-psychosocial approach to the patient as a person, rather than someone to be treated in a cookbook fashion based on laboratory tests, symptoms or signs. As noted, psychiatrists and others interested in psychosomatic disorders had previously described certain personality characteristics in heart attack patients. However, it was not possible to prove that these had any causal relationship since such idiosyncrasies could have resulted from the illness rather than vice versa. Friedman and Rosenman were the first to explain why specific behaviors could cause heart attacks and contribute to coronary artery disease. At the time, animal studies had led to the widespread assumption that heart attacks were due to occlusion of a coronary artery by atherosclerotic deposits resulting from elevated blood cholesterol levels. This, in turn, was primarily the consequence of increased fat and cholesterol intake. Support for this was reinforced by research showing that the significant variation in mortality rates from

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coronary heart disease in different countries showed a clear correlation with fat consumption. The greater the amount of saturated fat and cholesterol in the average diet the higher the blood cholesterol and death rate from heart disease in that country. However, Friedman and Rosenman could not confirm this close relationship with serum cholesterol and high fat diet in their heart attack patients and looked for other possible contributing factors. They were intrigued by the observation that two-thirds of the heart attacks in the United States occurred in men, while in Mexico the incidence was equal between men and women. The same equal split appeared to exist in southern Italy but not in northern Italy, where the ratio was four men to one woman. Self-imposed standards that are often unrealistically ambitious and pursued in an inflexible fashion. Associated with this are a need to maintain productivity in order to be respected, a sense of guilt while on vacation or relaxing, an unrelenting urge for recognition or power, and a competitive attitude that often creates challenges even when none exist. Certain thought and activity styles characterized by persistent vigilance and impulsiveness, usually resulting in the pursuit of several lines of thought or action simultaneously. Type A persons often nod or mutter agreement or use short bursts of laughter to obliquely indicate to the speaker that the point being made has already been anticipated so that they can take over. Unsatisfactory interpersonal relationships due to the fact that Type As are usually self-centered, poor listeners, often have an attitude of bravado about their own superiority, and are much more easily angered, frustrated, or hostile if their wishes are not respected or their goals are not achieved. Increased muscular activity in the form of gestures, motions, and facial activities such as grimaces, gritting and grinding of the teeth, or tensing jaw muscles. Often there is frequent clenching of the fist or perhaps pounding with a fist to emphasize a point. Fidgeting, tapping the feet, leg shaking, or playing with a pencil in some rhythmic fashion are also common. Irregular or unusual breathing patterns with frequent sighing, produced by inhaling more air than needed while speaking and then releasing it during the middle or end of a sentence for emphasis. It was also noted that coronary prone patients tend to be very competitive and often overly aggressive. They are usually in a hurry and consequently eat, talk, walk and do most other activities at a more rapid pace. How did the Type A Concept Originate? How the Type A coronary prone behavior hypothesis evolved is a fascinating story, especially since it began because of an interest in cholesterol metabolism rather personality characteristics. Our Harold Brunn Institute for Cardiovascular Research building adjoined the hospital and following early hospital rounds we spent full mornings in the research lab and afternoons in the office. By , although fat and cholesterol had long been fed to rabbits to produce vascular lesions, little was known about where plasma cholesterol came from or how it was metabolized. We also noted that this type of vascular damage was quite different from that seen in patients with coronary artery disease. We obtained Public Health Service and other grants to begin animal studies and Mike was able to solve many fundamental aspects of cholesterol metabolism. I was later able to delineate the mechanisms underlying low and high plasma cholesterol respectively in hypothyroidism and hyperthyroidism and what caused elevated lipids in patients with nephrosis. Around , because of our growing interest in cholesterol, we obtained blood samples from private patients at every visit for no-cost accurate analyses at our research lab. We soon realized that that there were surprising fluctuations in their cholesterol levels that were unrelated to diet or weight, and had little relationship to subsequent coronary events. We subsequently recognized and reported serious errors and omissions in papers by Keys and others about the contribution of diet to plasma cholesterol. The prevailing dogma, which still persists, was that coronary heart disease was due to elevated cholesterol, which in turn resulted from increased dietary fat intake. Our own and other data that Keys had ignored in reaching his conclusions did not support this and reinforced our belief that socioeconomic influences played a more important role in the increased incidence of coronary disease as well as gender differences. These chairs also had to be reupholstered far more often than others because the front edges quickly became worn out. They looked at their watches frequently and acted impatient when they had to wait, usually sat on the edges of waiting room chairs and tended to leap up when called to be examined. Her astute observations significantly reinforced our own awareness of similar behaviors in our coronary patients, then mainly males, that you summarized so well over two decades ago. Occupational pressures and other

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sociocultural stresses headed the list. When Rosenman and Friedman subsequently asked the wives, relatives, friends and co-workers of heart attack patients to list possible contributing factors, they were surprised at how often their assessment similarly ranked job stress right at the top. The cluster of behaviors and activity patterns previously described that also emerged from these sources was far more common in males than female. It was also evident that the current marked increased incidence of coronary disease had occurred mainly in men without any significant change in their diet, increased prevalence of diabetes, hypertension or other risk factors. Even when combined, the standard Framingham coronary risk factors of smoking, hypertension and cholesterol accounted for only about one third of coronary disease patients in prospective studies. It became increasingly clear that these risk factors were merely markers that might predict coronary events but did not cause them. And, whereas simultaneous presence of two or more risk factors is associated with extremely high risk of coronary disease, such situations only predict a small minority of cases. A broad array of recent research studies point with ever increasing certainty to the position that certain psychological, social and behavior conditions do put persons at higher risk of clinically manifest coronary disease. Southern Europe and the U. After a site visit the grant was approved for two years. The methodology of the Western Collaborative Group Study, including the Structured Interview SI for assessing behavior patterns was described in my first follow-up paper. Rosenman, Friedman, Straus et al. We became good friends many years later through you, your annual Congress and other activities of the American Institute of Stress. The significant contribution of Type A behavior to coronary heart disease CHD was subsequently acknowledged by a committee of authorities assembled by the National Institutes of Health The Review Panel , who noted, The Review Panel accepts the available body of scientific evidence as demonstrating that Type A behavior. This increased risk is greater than that imposed by age, elevated levels of systolic blood pressure, serum cholesterol, and smoking and appears to be of the same order of magnitude as the relative risk associated with the latter three of these other factors [p. One problem was that like stress, Type A meant different things to different people. More importantly, researchers also used different assessment or measurement methods so it is not surprising that they reached conflicting conclusions. What they meant by this were observable traits and characteristics that could be readily detected by others, such as the vocal stylistics, breathing patterns, facial grimaces, body movements, hyperresponsiveness and accelerated pace of activities previously described. In their extensive study of employees of several large Western corporations, Rosenman and colleagues were able to predict susceptibility to coronary disease by behavioral characteristics such as a tense, alert and confident appearance; strong voice, clipped, rapid and emphatic speech, laconic answers; evidences of hostility, aggressiveness and impatience, and frequent sighing during questioning. As they noted, Rosenman, Friedman, Straus et al Before and during the personal interview, the following observations upon each subject were made and recorded by the interviewer. In clinical practice, accurate assessment of Type A behavior requires a structured personal interview by a trained investigator using standardized challenges to elicit these tell tale characteristics. For example, one such challenge might be conducted as follows: The investigator begins the interview by asking the following question in a deliberate and painfully slow, monotonous manner. Smith, two second pause , most people, when they go to work during the week " that is, Monday through Friday-, get up early two second pause , " say around 6: That is probably because it necessary to provide enough time for them to shower, brush their teeth, two second pause and so forth, get dressed, have something to eat, and then they travel by car, bus or train so they can get to work by a certain time two second pause , which is often between 8: How do you travel to work and what time do you usually get there? A flaming Type A would interrupt almost immediately before the question was finished to quickly explain his usual daily routine. Again, the interviewer is not as interested in the content of the response as much as the manner in which it is conveyed and how the subject acts during the interview with respect to facial expressions, gestures, evidence of impatience, time urgency, and other typical Type A traits. Each of these has a certain value and is rated as to severity to obtain a final assessment. Interviews are videotaped so that several reviewers can carefully review the responses and reach agreement on the significance of each component. These Type A characteristics have

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been described in detail to emphasize that this complex behavioral pattern can only be accurately assessed by personal observation of the subject by an investigator who has been trained to elicit and evaluate typical responses. Type A behavior is almost impossible to detect in someone who is very sick, bored, depressed, or frightened, such as in a patient recently hospitalized for a heart attack or some other serious medical condition. Reliable ratings therefore require considerable expertise, making large-scale studies quite time consuming and costly. As a consequence, a variety of questionnaires have been devised to detect such aspects of Type A behavior as competitiveness, ambition, impatience, hostility, preoccupation with work, or a constant sense of time urgency. However self-reports fail to capture the stylistics and psychomotor behaviors that are essential to the construct of Type A and its assessment. Self-report questionnaires were rarely validated by those who used them in so many published Type A studies, which also led to considerable confusion in this field. The most commonly used instrument, the Jenkins Activity Survey, detects three main behavioral syndromes: Jenkins, Rosenman, Zyzanski It should be emphasized in evaluating any self-administered questionnaire that Type A individuals are often unaware of many of their behavioral patterns or will deny them. Contrary to popular opinion, there is no rating scale for Type B behavior or definition other than the relative absence of Type A traits. As our understanding and ability to measure Type A improves, it is possible that certain components such as time urgency, latent hostility, aggressiveness, or authoritarianism may be found to have a greater predictive significance for coronary heart disease. Williams This conclusion is based on responses to the Minnesota Multiphasic Personality Inventory MMPI , a item questionnaire developed in that rapidly became the gold standard for psychological testing of hundreds of thousands of college students and prospective employees.

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Chapter 2 : List of cognitive biases - Wikipedia

The perception of effort in adult males possessing either the Type A or Type B behavior pattern /.

Jennifer Lincoln-Hanson First published online: September 2, DOI: Family Planning Perspectives, Furthermore, only recently has such research been identified as being important. High levels of nonmarital childbearing, growing concern about the spread of AIDS and other sexually transmitted diseases STDs and the concomitant increase in the prophylactic use of condoms has led developers of social policy to include men in efforts to prevent pregnancy and STDs. Thus, we have little understanding of how married or older men perceive their roles in these decisions. Current trends in contraceptive method choice suggest that male-controlled methods are increasingly popular. Indeed, the recent rise in contraceptive use among young, unmarried couples is due almost entirely to an increase in the rate of condom use. Research indicates that there has been an increase in the extent to which family planning is considered a joint responsibility. In a study conducted during the s, 7 only about one-third of adolescent males thought that men and women should be equally responsible for contraception. However, by the late s, more than two-thirds of young men endorsed this belief. While several other studies have shown that adult males tend to view contraception as a shared decision, 9 only one examined factors that predict such a view: Married men who were older and those who held more egalitarian attitudes were more likely to think that men and women have a shared responsibility for contraception. The survey was based on a stratified and clustered area probability sample design. The sample was weighted on the basis of population statistics to account for stratification, clustering and disproportionate sampling, as well as for differential nonresponse. Thus, the analyses that follow are based on a sample of black and 1, white men. The analyses presented in this article are based on responses to the following five statements: When presented with these statements, the respondents were handed a card that displayed a five-point scale with one representing "strongly disagree," three representing "neutral" and five representing "strongly agree" to indicate their level of agreement with the statements. We cross-tabulated responses to the first two statements to create a combined, three-category measure of perceptions about whether decisions about sex were male-oriented, egalitarian, or female-oriented. Men who indicated a higher level of agreement with the male-focused statement than with the female-focused statement were considered to have a male-oriented perception. Men who indicated a higher level of agreement on the female-focused statement were considered to have a female-oriented perception. Those who registered equal levels of agreement on both items were considered to have an egalitarian orientation. Thus, a respondent who disagreed with the statement that it is generally the man who decides when a couple has sex, and also disagreed that it is generally the woman who decides, was considered to have an egalitarian orientation on the contraceptive measure. A similar procedure was used with the third and fourth statements to assess perceptions about contraceptive decision-making. The item capturing beliefs about responsibility for the children that men and women have together is not based on a combination of two separate questions. Thus, it is not exactly comparable to the combined measures used to examine the other dimensions. Thus, in the multivariate analyses, this item was collapsed into a dichotomous outcome variable strongly agree vs. Statistical Approach A multinomial logit regression approach was used to analyze the two combined measures. The age and education of the man and his partner, although shown as discrete categories, were included in the multivariate analyses as continuous variables. Variables capturing couple homogamy with respect to ethnicity, education and religion were also tested for inclusion, but as none were found to be statistically significant, they were not included in the final models. Since it is difficult to interpret the coefficients from multinomial logit models, we used the estimated coefficients to calculate standardized probabilities that men would fall into each of the three cells of either of the composite measures. Thus, for example, to examine the effect of race on perceptions of whether the man or the woman makes the decision to have sex, we show the probabilities that black men and men of other races would fall into each category of the composite measure if they did not differ with respect to the other

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characteristics in the model. In the analyses, we accomplished this by setting the other characteristics in the model to those of a "standard population. Rather, they demonstrate how a factor such as race affects the relative scoring of the two measures when the other factors in the model are statistically controlled. For the nominal variables included in the analyses, standardized probabilities were calculated for each category of the variable. Education variables for both the man and his partner were calculated for eight, 12, and 16 years of education. We used a binomial logit regression to analyze the dichotomous statement regarding responsibility for children. Again, to simplify the analysis of the effects of the covariates in the model, we used the estimated coefficients to calculate the probability of strongly agreeing with the statement. These calculated probabilities were also standardized so that the independent effect of each covariate is shown. Results The characteristics of the men and their partners are shown in Table 1. However, partners were more likely to have had a previous marriage: Sixty-one percent of men registered equal levels of agreement with both statements. Decisions About Sex Table 2 page presents the standardized probabilities derived from the multinomial logit analysis of the composite measure on decisions about sex. Hispanic origin, in contrast, had a large impact. Specifically, Hispanic men were substantially more likely than non-Hispanic men to have a male-dominant scoring pattern. They were also less likely than other men to endorse a female-dominant scoring pattern probabilities of. Cohabiting males were more likely than either married men or single men with a regular partner to have a female-dominant scoring pattern. Education was negatively related to the likelihood of scoring the two orientations equally. The probability that men with 16 years of education indicated greater agreement with the male orientation was twice that of the probability among those with only eight years of education. Nonetheless, for all levels of education, men with nonegalitarian perceptions were more likely to endorse a female than a male orientation. Among religious subgroups, Conservative Protestants had the highest probability of scoring both orientations equally. For other Protestants, this pattern was reversed: These men had a probability of. Catholics were the least likely to have a male-dominant scoring pattern. Men with a previously married partner were less likely than men with a never-married partner to score both orientations equally. Men with highly educated partners were more likely than those with less educated partners to score the measures equally and less likely to exhibit a male-dominant scoring pattern. Decisions About Contraception Table 2 also presents results of the analysis of the composite contraceptive responsibility measure. Black men were significantly more likely than white men to have a female-dominant scoring pattern. Hispanic origin, in contrast, was associated with an elevated probability of egalitarian scoring and a reduced likelihood of either a male-dominant or female-dominant scoring pattern. Older age was associated with a less egalitarian scoring pattern: The probability of scoring the two measures equally was. This was due primarily to an increase in the likelihood of female-dominant scoring among older men. A prior marriage was associated with an increased likelihood of having an egalitarian scoring pattern and with a decreased likelihood of a male-dominant scoring pattern. Currently married and cohabiting men were more than twice as likely as unmarried, noncohabiting men to have a female-dominant scoring pattern. Education was positively related to the likelihood of a male-dominant scoring pattern and was negatively related to the likelihood of a female-dominant scoring pattern. For example, men with 16 years of education were much less likely than men with eight years of education to have a female-dominant scoring pattern. Additionally, men in the category of "other or no religion" had the lowest probability of a male-dominant scoring pattern. Having a partner of Hispanic origin significantly increased the likelihood of a female-dominant scoring pattern, while having an older partner decreased the likelihood of a female-dominant scoring pattern: Thus, a man with a year-old partner was only about one-fourth as likely as a man with a year-old partner. Finally, men with Catholic partners had the highest probability of an egalitarian scoring pattern. These men also had the lowest and highest probabilities. Men with Hispanic partners, however, had a lower probability of strongly agreeing with the statement about equal responsibility than those whose partners were not Hispanic. Men who were previously married were more likely than other men to strongly agree that both sexes have equal responsibility for their children. In contrast, men with previously married partners were less likely to have a strong level of

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agreement. No other characteristic of either the man or his partner had a significant impact on this belief. Moreover, men are highly likely to perceive that the responsibility for children is a shared effort: Men with nonegalitarian perceptions are three times as likely to have a female-dominant orientation towards sexual decisions as to express a male-dominant one, but they are twice as likely to register a male-dominant orientation toward contraceptive responsibility as to have a female-dominant view. Race, while unrelated to the perception of either male dominance or female dominance in the sexual decision-making process, is significantly related to perceptions of relative responsibility for contraception. In comparison, men of Hispanic origin are more likely than non-Hispanics to perceive men as dominant in sexual decision-making and are also more likely than non-Hispanics to indicate that men and women have an equal responsibility regarding contraception. Being black has no significant effect on the level of agreement that both sexes share responsibilities for their children, whereas Hispanic origin is related to stronger agreement in this area. Age is unrelated to perceptions of male or female dominance in sexual decision-making. However, older men are more likely than younger men to view women as governing contraceptive decision-making. Men with older partners, in contrast, are less likely than those with younger partners to view women as controlling these decisions. This may reflect a shift by women, as they age, away from the use of oral contraceptives and toward either coitus-dependent methods or male sterilization. This may reflect perceived differences between men and women in the kinds of experiences they have in dealing with former spouses who are the parents of their children or differences in their expectations about these experiences. Such expectations may be more salient for men who have already experienced a marital dissolution. Previously married men are also more likely to feel that there is joint responsibility in contraceptive decision-making, a relationship that may reflect prior cooperative involvement in such decisions. Cohabiting men are less likely than their married or noncohabiting peers to view either men or women as primarily responsible for sexual decision-making. This is consistent with research indicating that those in cohabiting relationships have a less traditional sexual ideology, and that cohabiting women initiate sex more often than women in marital relationships. Unmarried, noncohabiting men, in contrast, are more likely than men in coresidential unions to indicate male dominance in contraceptive decision-making, a pattern that may reflect the greater use of condoms for disease prevention among such men. Men whose partners are highly educated, however, are more likely to perceive that decisions about sex are egalitarian, and they are also more likely to perceive that women have greater responsibility in contraceptive decision-making. These findings are consistent with a relative power hypothesis that suggests that the higher the status of the man, the more likely he is to view himself as the dominant decision-maker, while the higher the status of his partner, the more likely he is to adopt a view of her as either an equal or as the dominant decision-maker. This is consistent with a conservative view of gender roles and of the family, a view that increasingly accepts sexuality as a positive, mutual aspect of a marital relationship, yet still tends to favor patriarchal authority. Several issues should be kept in mind when interpreting the results presented here. Similarly, although a very high proportion of men indicated that men and women have equal responsibility for decisions about contraceptive use, it seems unrealistic to assume that they are all involved equally with their partners in those decisions. Personal attitudes and perceptions shape sexual and contraceptive decisions. The importance of partner influence underscores the need to include men in interventions to reduce unintended pregnancies and STDs. Yet the prevailing policy and program emphasis on women as the key figures in these decisions often unjustly and unwisely excludes men. The results reported in this article add to our knowledge about how men perceive their role in decisions about sex and contraception, as well as how they view their parental responsibilities.

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Chapter 3 : Stress and Heart Disease | The American Institute of Stress

B. the feeling or perception of being in direct contact with the ultimate reality, such as a divine being. C. a unified system of beliefs and practices relative to worldly things. D. a unified system of beliefs and practices relative to sacred things.

Find articles by Sally J. Sadek Find articles by Susan A. Received Feb 11; Accepted May Copyright Lai et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are properly credited. This article has been cited by other articles in PMC. Abstract Autism spectrum conditions ASC affect more males than females in the general population. However, within ASC it is unclear if there are phenotypic sex differences. Testing for similarities and differences between the sexes is important not only for clinical assessment but also has implications for theories of typical sex differences and of autism. Using cognitive and behavioral measures, we investigated similarities and differences between the sexes in age- and IQ-matched adults with ASC high-functioning autism or Asperger syndrome. Of the 83 45 males and 38 females participants, 62 33 males and 29 females met Autism Diagnostic Interview-Revised ADI-R cut-off criteria for autism in childhood and were included in all subsequent analyses. The severity of childhood core autism symptoms did not differ between the sexes. The absence of typical sex differences in empathizing-systemizing profiles within the autism spectrum confirms a prediction from the extreme male brain theory. Behavioral sex differences within ASC may also reflect different developmental mechanisms between males and females with ASC. We discuss the importance of the superficially better socio-communication ability in adult females with ASC in terms of why females with ASC may more often go under-recognized, and receive their diagnosis later, than males. Introduction Autism spectrum conditions ASC are neurodevelopmental and are diagnosed on the basis of difficulties in social interaction and communication, alongside the presence of restricted interests, difficulties adapting to change, and repetitive, stereotyped behavior [1] , [2]. ASC is one of the most common neurodevelopmental conditions, affecting approximately 0. Within ASC, males outnumber females with a sex ratio of 4. This asymmetry in sex ratio has been known for many decades [7] , and raises an important, unanswered question: Are there sex differences in autism? Although seemingly straightforward, it is not simple to answer. This question needs to be addressed at three different levels: In this paper we report an experiment that addresses this question at the behavioral level. Despite better recognition of ASC today, these sex ratios and their relation to intellectual ability are consistent with those reported 30 years ago. The sex ratio for individuals with average intelligence is 5. Thus, studies comparing the behavior of males and females with ASC are still needed. There are at least four complementary views that are not necessarily mutually exclusive. First, it may be that different mechanisms are involved in ASC for males and females. Evidence in support of this includes sex differences in developmental cognitive profile [20] or underlying biology [21]. Second, it may be that females are less vulnerable to developing ASC because of innately protective mechanisms [10] , [22] , [23] , [24] , [25]. This fits with the finding that various types of early onset neurodevelopmental conditions affect males more than females [26]. Evidence in support of this view would need to show that, given the same level of autistic symptom severity, females show greater neurobiological changes than males compared to their neurotypical counterparts [27]. Third, it may be that males and females are equally at risk for ASC in terms of genetic predisposition , but other factors enable females to better compensate for these risks [28]. Results from self-report questionnaire studies support prediction i since typical sex differences in autistic traits, empathy and systemizing in adults are absent in ASC [31] , [32]. This evidence extends to parent-reported autistic characteristics in childhood [33] and in adolescence [34]. Given that in the general population males score higher than females on all of these instruments, the absence of a sex difference in autism is consistent with the view that females with ASC show a masculinized profile. These theoretical viewpoints may not be mutually exclusive, and identifying if they overlap will be important in future research. If males and females with ASC

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show different behavioral phenotypes [15] , [16] , [17] , [18] , [19] , [28] , we may need sex-specific behavioral or cognitive criteria for defining ASC, in addition to or replacing the current criteria. Early studies used community or clinical samples and were not always successful in matching participants. Thus, some of the highlighted behavioral sex differences, such as greater unusual visual responses and motor stereotypy and less appropriate play in boys [40] , [41] , and more appropriate interests [17] , [18] , [42] and better superficial social and communication skills in girls [15] , [16] , [18] may have been confounded by factors such as age or intellectual level. Studies that did match the groups are inconsistent. Boys had more severe autistic symptoms in early social communication development, measured by the Autism Diagnostic Interview [44]. In another example, Carter et al. Girls had better visual reception and boys had better motor and communication skills. Finally, Hartley et al. In contrast, other studies using matched samples report no differences between males and females with ASC. However, females showed more parent-reported coexisting psychopathology, particularly social, attention, and thought problems. Lastly, several questionnaire-based studies have found no evidence of behavioral sex differences in ASC [31] , [33] , [34] , [35] , [36] , [37]. The similarities and differences between males and females with ASC may be indicative of the marked heterogeneity of ASC, and indicates the need to consider sub-groups stratified by age, IQ, and autistic symptom severity. The demographic background of the sample population as well as the recruitment strategies may also affect the outcomes of comparison. Behavioral sex differences in adults with ASC The above studies all focus on children or mixed-age samples. To our knowledge there are no studies addressing behavioral sex differences in high-functioning adults with ASC, apart from questionnaire-based studies. This is striking given the increasing awareness of the need to improve assessment, diagnosis and services for adults on the autistic spectrum [27] , [52] , and given that women on the spectrum are often recognized later than males, and may be misdiagnosed [15] , [16] , [53] , [54] , [55]. To fill these gaps we conducted a study to test IQ- and age-matched adult males and females with ASC using a large battery of behavioral and cognitive measures. Our intent is to extend prior questionnaire-based studies in adults to a broader range of measures in the clinical domain as well as performance-based measures of cognitive abilities. Materials and Methods Ethics statement Informed written consent was obtained for all participants in accord with procedures approved by the Suffolk Research Ethics Committee. Recruitment was conducted through advertisements sent to national and local autism support organizations and support groups in England and Wales, referral from diagnostic clinics for adults with autism or Asperger syndrome, and via the participant database of the Autism Research Centre, University of Cambridge [http:](http://) The same inclusion criteria were applied to both male and female groups: Exclusion criteria for both groups included a diagnosis of current or historical psychotic disorders, substance-use disorders, medical conditions associated with autism e. Under these criteria, 83 ASC participants 45 males and 38 females took part in a series of behavioral and cognitive assessments at the Autism Research Centre, University of Cambridge. On average the interview lasted 2. Note that only item 71 contributed to the diagnostic algorithm scores for the RSB domain. Individuals delayed on either or both items were defined as having a history of language delay. The ADOS is a standardized activity and interview based semi-structured assessment for current autistic behavioral presentation. Since our participants were adults with fluent speech, module 4, consisting of 15 activities, was chosen for all participants. On average testing took 45 minutes to an hour. These summary scores were used for analysis, as most studies do. The ADOS has good to excellent psychometric properties, and satisfactory ability to differentiate individuals with and without ASC [46]. Participants in both groups also completed three self-report questionnaires measuring their aspects of cognitive style, preferences and traits. The Autism Spectrum Quotient AQ [31] is a item questionnaire measuring autistic traits in social skills, attention switching, attention to detail, communication, and imagination. The Empathy Quotient EQ [57] is a item questionnaire measuring thought and behavioral characteristics in both the affective and cognitive aspects of empathy. In addition, there are two important features of these tasks: Co-occurring psychiatric symptoms Co-occurring psychiatric symptoms are not uncommon in adults with ASC [59] , particularly depression and anxiety. Symptoms of anxiety and depression

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are also more common in females in the typical population [60]. Obsessive and compulsive traits are phenomenologically related to the RSB domain of ASC and are commonly present conjointly [61] , [62]. Each participant therefore filled out three well-validated, commonly used clinical and research instruments: Statistical analysis Independent samples t-tests were conducted to examine matching of the male and female ASC groups for age and IQ. Chi-square test was performed to examine the relationship between sex and history of language delay. A two-way analysis of variance ANOVA was then performed to examine the main effects and interaction effect of sex and history of language delay on verbal and performance IQ, respectively. Results Participant characteristics To ensure a non-biased comparison of behavior, male and female adults are best defined as having ASC in childhood by the same behavioral criteria. To be conservative, only individuals who reached ADI-R diagnostic algorithm cut-offs in the three domains of impaired reciprocal social interaction, communication, and repetitive, restrictive and stereotyped behavior RSB were included in the following analyses. However, failure to reach cut-off in one of the domains by one point was permitted, to allow for the possible underestimation of early developmentally atypical behaviors in the recall by caregivers whose children are now adults over the age of This criterion resulted in the selection of 62 33 males, 29 females out of the total 83 ASC participants 45 males and 38 females who already had a clinical diagnosis of Asperger syndrome or autistic disorder. These supra-threshold participants all scored above the cut-offs for the domains of impaired reciprocal social interaction and impaired communication, whereas 3 males 9. They were mainly young adults with average or above-average intelligence, and with similar levels of verbal and performance IQ.

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Chapter 4 : Sex differences in psychology - Wikipedia

Fatigue Exercice--Aspect physiologique Ross Michael Alan Michael Alan Ross Fatigue--Psychological aspects Type A behavior en The perception of effort in adult males possessing either the Type A or Type B behavior pattern Perception de soi Fatigue--Psychological aspects Self-perception

In a study by Rosenhan, eight pseudopatients who were actually research investigators gained entry into mental hospitals by claiming to hear voices. During the intake interviews, the pseudopatients gave true accounts of their backgrounds, life experiences, and present quite ordinary psychological condition. They falsified only their names and their complaint of hearing voices. Once in the psychiatric ward, they ceased simulating any signs of abnormality. They reported that the voices had stopped, talked normally with other patients, and made observations in their notebooks. Although some of the other patients suspected that the investigators were not really ill, the staff did not. Even upon discharge, they were still diagnosed as schizophrenic, though now it was "schizophrenia in remission". Rosenhan described his results to other mental hospitals, and their administrators said they could not be taken in by such a ruse. Rosenhan then told them that they would be visited by a pseudopatient in the next 3 months, and he challenged them to identify who it was. During the 3 month period, patients were admitted, and the psychologists identified 41 they thought were pseudopatients. In reality, Rosenhan had not sent anybody! In deciding how to classify the patients, the staff doctors were engaged in social perception. Social perception refers to the processes through which we use available information to form impressions of other people, to assess what they are like. Social perceptions can obviously be flawed - even skilled observers can misperceive, misjudge, and reach the wrong conclusions. Once we form wrong impressions, they are likely to persist. How do we form impressions of others? How do we combine the diverse info we receive about someone into a coherent overall impression? Ordering the world A. We often try to simplify the complex flow of incoming info by putting people into useful categories. These classifications help to specify how various objects or events are related or similar to each other. Why do we classify people and things? Classifications help to serve the "knowledge" function of attitudes. Simplify perception by grouping together similar experiences. We can pay attention to some stimuli while ignoring others. If we perceive a neighborhood as friendly, we can walk down the street without attending carefully to every look from every passerby. Allow us to go beyond the info that is immediately available - can infer additional facts. When we recognize a discussion as a bargaining session, we infer that the participants represent groups with conflicting interests. We may also infer that the opening statements are merely initial bargaining positions, and that vicious verbal attacks do not necessarily signify personal animosity. Help us know how to relate to people and object. We can tell secrets to people who are trustworthy, and remain tight-lipped in the presence of gossips. Allow us to predict behavior. A friend will help us to change a flat tire. A vegetarian will turn down a steak dinner. How do we decide how to classify people and things? Can classify people in any number of ways - male, midwesterner, tennis player, introvert. What determines which will be used? Purposes of the perceiver. We use concepts to determine how people will affect the pursuit of our goals. Airport security guard must decide if rushing travelers are dangerous or safe, require a close search, or merely a cursory check. Hence, she classifies passersby as tourists or smugglers, terrorists or vacationers. She looks for traits that fit her concept of a potentially dangerous person. In contrast, travellers are more likely to look at each other in terms of ways that reveal the potential for rewarding interaction - age, sex, physical attractiveness, smoking habits - and classify people in terms of these things. Refers to activities that are appropriate in a given setting, to the roles ordinarily enacted there, and to the people who are present. The social context strongly influences the ways we label people and their behavior. If we are at the beach, and somebody comes along wearing a swimsuit, spreads out a towel and lies down on it, we might label their behavior are "relaxation" and perhaps think the person is a vacationer. If a person did the same thing in a department store, we might think they are crazy. How easily can the classification be summoned from

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memory? Experience may make some classifications more accessible than others. Suppose a student learns that her roommate has broken both legs while mountain climbing. If she has recently been discussing with her parents or friends how foolhardy some students are, she may be more likely to perceive her friend as reckless than as adventurous. One way to simplify things is to organize people into groups. For each group, we have a stereotype, a fixed set of characteristics we tend to attribute to all group members. Stereotypes enable us to make quick judgments, but these are often wrong. May have changed - or they may just have gone underground. Substantial reported changes in stereotypes between and Compared with undergraduates, few undergrads characterized Americans as industrious or intelligent, Italians as artistic or impulsive, blacks as superstitious or lazy, and Jews as shrewd or mercenary. However, the idea that negative stereotyping is bigoted and socially undesirable has increased, so reports may be biased by attempts to hide bigotry. Males are considered more independent, dominant, aggressive, scientific, and stable in handling crises. Females are seen as more emotional, sensitive, gentle, helpful, and patient. We also have stereotypes of feminists - one study showed feminists were assumed to be less attractive, even though that was not the case. Have some direct experiences, and then overgeneralize - a "kernel of truth". We might have an experience with a member of a group, and then assume that all member of a group share the characteristics that we know a few have. Boost own self-esteem - can assert our own superiority by assuming others are inferior. Can enhance group solidarity by developing negative stereotypes of groups with which we compete. Errors caused by stereotypes. Lead us to assume all members of group have certain traits. A professor might think that all football players are dumb, and grade accordingly. But, some football players are quite intelligent. Lead us to assume that all the members of one group differ greatly from all the members of other groups. Assume they have nothing in common. Football players and ballet dancers may be thought to have nothing in common. But, in fact, in both groups, there are individuals who are patient, neurotic, hardworking, intelligent, and so on. Assume the factors that distinguish between groups are also the causes of differences between groups. People may attribute the fact that whites obtain higher average scores on standard intelligence tests to race. By focusing on one salient feature, they ignore more likely causes such as socioeconomic opportunities, education, and cultural bias in tests. Kelley did a study in which two different sketches of a guest lecturer were given to students. Sketches were identical, except that half the people were told the guest was cold and the rest were told he was warm. Those who had read that the guest professor was cold rated him as less considerate, sociable, popular, good natured, humorous, and humane than those who had read he was warm. Why did this happen? People make assumptions about how personality traits are related - which ones go together and which do not. These assumptions are called Implicit Personality Theories. It is a special kind of stereotyping - we assume that warm people or cold people have particular attributes. Upon learning that a person is a pessimist, we also tend to assume she is humorless, irritable, and unpopular. An IPT can be thought of as a "mental map" of the way we believe traits are related to each other. When we observe that a person has a particular trait, we assume they also possess traits that are close to it on our mental map. Studies show traits are organized along 2 distinct positive-negative dimensions - a social good-bad dimension and an intellectual good-bad dimension. Warm and cold differ on the social dimension, lazy and industrious differ on the intellectual dimension We tend to judge persons who have one good trait as generally good, and who have one bad trait as generally bad. This tendency to perceive personalities as clusters of either good or bad traits is called the halo effect. Individual differences in IPTs. Our unique experiences direct our attention to particular trait categories when we form impressions. Some of us pay more attention to intelligence, others to friendliness or attractiveness. Peoples impressions reflect as much about their own modes of perception as they do about the characteristics of the person being perceived. Suppose two people meet the same intelligent, friendly individual. If the other attends more to friendliness, she is likely to form an impression that the individual is popular, good-natured, and warm - traits associated with friendly. Both impressions may be valid, and they are not necessarily contradictory, but they are very different. People tend to welcome evidence that confirms their stereotypes or personality theories and to ignore or explain away disconfirming evidence. The Rosenhan study cited above. Equal numbers of

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introverted and extroverted behaviors were included. People were then asked to recall behaviors that were relevant for a job for which Jane was being considered.

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Chapter 5 : A Behavioral Comparison of Male and Female Adults with High Functioning Autism Spectrum C

A disorder is a pattern of behavior or experience that is distressing and painful to the person, leads to some disability or impairment in important life domains (e.g., work, marriage, or relationship difficulties), and is associated with increased risk for further suffering, loss of function, death, or confinement.

Fearing that their partner will experience sexual jealousy the person who has been unfaithful may lie about their actions in order to protect their partner. Experts often believe that sexual jealousy is in fact a biological imperative. It may be part of a mechanism by which humans and other animals ensure access to the best reproductive partners. In the period around and shortly before ovulation, males are found to display more mate-retention tactics, which are linked to jealousy. Factors, such as feelings of inadequacy as a partner, sexual exclusivity, and having put relatively more effort into the relationship, are positively related to relationship jealousy in both genders. Communicative responses[edit] As romantic jealousy is a complicated reaction that has multiple components, i. Communicative responses serve three critical functions in a romantic relationship, i. Interactive responses is face-to-face and partner-directed while general behavior responses may not occur interactively. Interactive responses can be broken down to six types falling in different places on continua of threat and directness: Integrative Communication low threat and high directness. Active Distancing medium threat and medium directness. Negative Affect Expression medium threat and medium directness. Distributive Communication high threat and high directness. Guerrero and colleagues have also proposed five general behavior responses. The five sub-types differ in whether a response is 1 directed at partner or rival s , 2 directed at discovery or repair, and 3 positively or negatively valenced: Manipulation Attempts partner-targeted, repair-oriented, negatively valenced. Compensatory Restoration partner-targeted, repair-oriented, commonly positively valenced. Violent Behavior -, -, negatively valenced. While some of these communicative responses are destructive and aggressive, e. Jealousy anger is associated with more aggressive communicative response while irritation tends to lead to more constructive communicative behaviors. Gender-based differences[edit] According to the Parental Investment Model based on parental investment theory, more men than women ratify sex differences in jealousy. In addition, more women over men consider emotional infidelity fear of abandonment as more distressing than sexual infidelity. These findings imply that psychological and cultural mechanisms regarding sex differences may play a larger role than expected Levy, Blatt, Schachner. As a coping mechanism these individuals would report sexual infidelity as more harmful. Moreover, research shows that adult attachment styles strongly conclude with the type of infidelity that occurred. Thus psychological and cultural mechanisms are implied as unvarying differences in jealousy that play a role in sexual attachment. The emotional jealousy predicted in females also held turn to state that females experiencing emotional jealousy are more violent than men experiencing emotional jealousy. For example, due to paternity uncertainty in males, jealousy increases in males over sexual infidelity rather than emotional. According to research more women are likely to be upset by signs of resource withdraw i. A large amount of data[which? However, one must consider for jealousy the life stage or experience one encounters in reference to the diverse responses to infidelity available. Research states that a componential view of jealousy consist of specific set of emotions that serve the reproductive role. Despite this fact, anger surfaces when both parties involved is responsible for some type of uncontrollable behavior, sexual conduct is not exempt. Sabbini and Silver, Averill Some behavior and actions are controllable such as sexual behavior. However hurt feelings are activated by relationship deviation. No evidence is known to be sexually dimorphic in both college and adult convenience samples. As a result, it may only activate at stages in on. One study discovered serious relationships are reserved for older adults rather than undergraduates. For example, Buss et al. Jealousy is composed of lower-level emotional states e. Although research has recognized the importance of early childhood experiences for the development of competence in intimate relationships, early family environment is recently being examined as well Richardson and Guyer, They reported, in a paper published in

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PLOS ONE in , that a significant number of dogs exhibited jealous behaviors when their human companions paid attention to dog-like toys, compared to when their human companions paid attention to nonsocial objects. Scientific definitions[edit] People do not express jealousy through a single emotion or a single behavior. Scientists instead define jealousy in their own words, as illustrated by the following examples: First, all the definitions imply a triad composed of a jealous individual, a partner, and a perception of a third party or rival. Second, all the definitions describe jealousy as a reaction to a perceived threat to the relationship between two people, or a dyad. These themes form the essential meaning of jealousy in most scientific studies. Comparison with envy[edit] Popular culture uses the word jealousy as a synonym for envy. Many dictionary definitions include a reference to envy or envious feelings. In fact, the overlapping use of jealousy and envy has a long history. While this kind of usage blurs the boundaries between categories that are intellectually valuable and psychologically justifiable, such confusion is understandable in that historical explorations of the term indicate that these boundaries have long posed problems. Classical Latin used *invidia*, without strictly differentiating between envy and jealousy. It was not until the postclassical era that Latin borrowed the late and poetic Greek word *zelotypia* and the associated adjective *zelosus*. Lloyd, , page 4 [34] Perhaps the overlapping use of jealousy and envy occurs because people can experience both at the same time. A person may envy the characteristics or possessions of someone who also happens to be a romantic rival. People often use the word jealousy as a broad label that applies to both experiences of jealousy and experiences of envy. For example, philosopher John Rawls [38] distinguishes between jealousy and envy on the ground that jealousy involves the wish to keep what one has, and envy the wish to get what one does not have. Psychologists Laura Guerrero and Peter Andersen have proposed the same distinction. Fear of loss Suspicion of or anger about a perceived betrayal Low self-esteem and sadness over perceived loss Uncertainty and loneliness Fear of losing an important person to another Distrust The experience of envy involves:

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Chapter 6 : The Psychology of Exercise

Possession, use, and perception about smart learning Results of survey 1 that examined possession, use, and perspectives about smart devices are presented in Table 2. Results showed that percent of the respondents have smartphones and percent use e-mails.

Living on the ground. Savannas are grasslands with scattered individual trees that do not form a closed canopy. Extensive savannas are found in parts of subtropical and tropical Africa and South America, and in Australia. See also Tropical savanna and grassland biome. Vegetation is made up mostly of grasses, the height and species diversity of which depend largely on the amount of moisture available. Fire and grazing are important in the long-term maintenance of grasslands. Immigration and hybridization patterns of yellow and anubis baboons in and around Amboseli, Kenya. Baboon Mothers and Infants. The University of Chicago Press. American Journal of Primatology, Female dominance and female social relationships among yellow baboons *Papio hamadryas cynocephalus*. Female reproductive parameters of Tana River yellow baboons. Female weight and reproductive condition in a population of olive baboons *Papio anubis*. The University of Chicago Press. Molecular systematics of the Cercopithecidae. What, if anything, is a species?. W Kimbel, L Martin, eds. Species, Species Concepts, and Primate Evolution. The Phylogeny of the Cercopithecoides. Facultative expression of behavioral differences between one-male and multimale savanna baboon groups. Life histories in comparative perspective. Patterning of sexual activity. The University of Chicago Press. Species, subspecies, and baboon systematics. Three decades of development and change in the study of the Cercopithecoides. Testicular size, mating system, and maturation schedules in wild anubis and hamadryas baboons. Social Organisation of Hamadryas Baboons. Karger, and University Press. Problems with the identification of genetic species. Systematics and the Origin of Species. Cercopithecines in multimale groups: Genetic diversity and population structure. The natural history of the primates. Infants, mothers, and other females. The Johns Hopkins University Press. Food distribution and foraging behavior. Migration of male hamadryas baboons into anubis groups in the Awash National Park, Ethiopia. Primate Info Net, Hamadryas Baboon *Papio hamadryas*. Accessed July 14, at <http://> Secondary sex ratio and maternal dominance rank among wild yellow baboons *Papio cynocephalus* of Mikumi National Park, Tanzania. Plant feeding of yellow baboons *Papio cynocephalus* in Mikumi National Park, Tanzania, and the relationship between seasonal feeding and immature survival. Reactions to fear as a proximate factor in the sociospatial organization of baboon progressions. Eight-year study of social and ecological correlates of mortality among immature baboons of Mikumi National Park, Tanzania. Molecular genetic variation and population structure in *Papio* baboons. Styles of dominance and their endocrine correlates among wild olive baboons *Papio anubis*. Why should an aged male baboon ever transfer troops?. Accessed Date Unknown at Gender, aggression, and influence. Sexual competition and mate choice. Reproduction in wild female olive baboons. Desert, forest, and mountain baboons: Weight and age in wild olive baboons. Affiliation among females in wild hamadryas baboons *Papio hamadryas hamadryas*. The tested, the untestable, and the redundant. An annotated classification of the Cercopithecoides. Styles of male social behavior and their endocrine correlates among low-ranking male baboons. Infants and adult males. Genetic differentiation between baboon subspecies: Relevance for biomedical research. Group composition and adult sex-ratio of hamadryas baboons *Papio hamadryas hamadryas* in central Eritrea. Sexual swellings in female hamadryas baboons after male take-overs:

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Chapter 7 : Chapter 7: Human Society

D.E. Wilcox, in Encyclopedia of Genetics, A sex-limited character is a trait that is expressed in only one sex. Not all phenotypic differences between the sexes are due to the sex-linked genes that are present in differing amounts in each sex.

We organize ourselves into various kinds of social groupings, such as nomadic bands, villages, cities, and countries, in which we work, trade, play, reproduce, and interact in many other ways. Unlike other species, we combine socialization with deliberate changes in social behavior and organization over time. Consequently, the patterns of human society differ from place to place and era to era and across cultures, making the social world a very complex and dynamic environment. Insight into human behavior comes from many sources. The views presented here are based principally on scientific investigation, but it should also be recognized that literature, drama, history, philosophy, and other nonscientific disciplines contribute significantly to our understanding of ourselves. Social scientists study human behavior from a variety of cultural, political, economic, and psychological perspectives, using both qualitative and quantitative approaches. They look for consistent patterns of individual and social behavior and for scientific explanations of those patterns. In some cases, such patterns may seem obvious once they are pointed out, although they may not have been part of how most people consciously thought about the world. This chapter covers recommendations about human society in terms of individual and group behavior, social organizations, and the processes of social change. It is based on a particular approach to the subject: The chapter describes seven key aspects of human society: Although many of the ideas are relevant to all human societies, this chapter focuses chiefly on the social characteristics of the present-day United States. The ways in which people develop are shaped by social experience and circumstances within the context of their inherited genetic potential. The scientific question is just how experience and hereditary potential interact in producing human behavior. This setting includes home, school, neighborhood, and also, perhaps, local religious and law enforcement agencies. How individuals will respond to all these influences, or even which influence will be the most potent, tends not to be predictable. Furthermore, culturally induced behavior patterns, such as speech patterns, body language, and forms of humor, become so deeply imbedded in the human mind that they often operate without the individuals themselves being fully aware of them. Every culture includes a somewhat different web of patterns and meanings: Within a large society, there may be many groups, with distinctly different subcultures associated with region, ethnic origin, or social class. Some subcultures may arise among special social categories such as business executives and criminals, some of which may cross national boundaries such as musicians and scientists. Fair or unfair, desirable or undesirable, social distinctions are a salient part of almost every culture. The form of the distinctions varies with place and time, sometimes including rigid castes, sometimes tribal or clan hierarchies, sometimes a more flexible social class. Class distinctions are made chiefly on the basis of wealth, education, and occupation, but they are also likely to be associated with other subcultural differences, such as dress, dialect, and attitudes toward school and work. The class into which people are born affects what language, diet, tastes, and interests they will have as children, and therefore influences how they will perceive the social world. Still, many people live lives very different from the norm for their class. The ease with which someone can change social class varies greatly with time and place. Throughout most of human history, people have been almost certain to live and die in the class into which they were born. The times of greatest upward mobility have occurred when a society has been undertaking new enterprises for example, in territory or technology and thus has needed more people in higher-class occupations. In some parts of the world today, increasing numbers of people are escaping from poverty through economic or educational opportunity, while in other parts, increasing numbers are being impoverished. What is considered to be acceptable human behavior varies from culture to culture and from time period to time period. Every social group has generally accepted ranges of behavior for its members, with

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perhaps some specific standards for subgroups, such as adults and children, females and males, artists and athletes. Unusual behaviors may be considered either merely amusing, or distasteful, or punishably criminal. Some normal behavior in one culture may be considered unacceptable in another. For example, aggressively competitive behavior is considered rude in highly cooperative cultures. Conversely, in some subcultures of a highly competitive society, such as that of the United States, a lack of interest in competition may be regarded as being out of step. Although the world has a wide diversity of cultural traditions, there are some kinds of behavior such as incest, violence against kin, theft, and rape that are considered unacceptable in almost all of them. The social consequences considered appropriate for unacceptable behavior also vary widely between, and even within, different societies. Punishment of criminals ranges from fines or humiliation to imprisonment or exile, from beatings or mutilation to execution. The form of appropriate punishment is affected by theories of its purpose to prevent or deter the individual from repeating the crime, or to deter others from committing the crime, or simply to cause suffering for its own sake in retribution. The success of punishment in deterring crime is difficult to study, in part because of ethical limitations on experiments assigning different punishments to similar criminals, and in part because of the difficulty of holding other factors constant. Technology has long played a major role in human behavior. The high value placed on new technological invention in many parts of the world has led to increasingly rapid and inexpensive communication and travel, which in turn has led to the rapid spread of fashions and ideas in clothing, food, music, and forms of recreation. Books, magazines, radio, and television describe ways to dress, raise children, make money, find happiness, get married, cook, and make love. They also implicitly promote values, aspirations, and priorities by the way they portray the behavior of people such as children, parents, teachers, politicians, and athletes, and the attitudes they display toward violence, sex, minorities, the roles of men and women, and lawfulness. Membership in these groups influences how people think of themselves and how others think of them. These groups impose expectations and rules that make the behavior of members more predictable and that enable each group to function smoothly and retain its identity. The rules may be informal and conveyed by example, such as how to behave at a social gathering, or they may be written rules that are strictly enforced. Formal groups often signal the kind of behavior they favor by means of rewards such as praise, prizes, or privileges and punishments such as threats, fines, or rejection. Affiliation with any social group, whether one joins it voluntarily or is born into it, brings some advantages of larger numbers: Such social prejudice may include blind respect for some categories of people, such as doctors or clergy, as well as blind disrespect for other categories of people who are, say, foreign-born or women. The behavior of groups cannot be understood solely as the aggregate behavior of individuals. It is not possible, for example, to understand modern warfare by summing up the aggressive tendencies of individuals. Several children together may vandalize a building, even though none of them would do it on his or her own. By the same token, an adult will often be more generous and responsive to the needs of others as a member of, say, a club or religious group than he or she would be inclined to be in private. The group situation provides the rewards of companionship and acceptance for going along with the shared action of the group and makes it difficult to assign blame or credit to any one person. Social organizations may serve many purposes beyond those for which they formally exist. Private clubs that exist ostensibly for recreation are frequently important places for engaging in business transactions; universities that formally exist to promote learning and scholarship may help to promote or to reduce class distinctions; and business and religious organizations often have political and social agendas that go beyond making a profit or ministering to people. The conditions of one generation limit and shape the range of possibilities open to the next. It also learns aspirations for how society can be maintained and improved. On the other hand, each new generation must address unresolved problems from the generation before: Slavery in the early history of the United States, for example, still has serious consequences for African-Americans and for the U. Grievances may be relieved just enough to make people tolerate them, or they may overflow into revolution against the structure of the society itself. Many societies continue to perpetuate centuries-old disputes with others over boundaries, religion, and deeply felt beliefs about past wrongs. Governments

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generally attempt to engineer social change by means of policies, laws, incentives, or coercion. Sometimes these efforts work effectively and actually make it possible to avoid social conflict. At other times they may precipitate conflict. The outlook of the Soviet Union, for example, is strongly influenced by the devastating losses it suffered in both world wars. The societies of American Indians were ravaged and displaced by the diseases and warfare brought by colonists from Europe. Natural disasters such as storms or drought can cause failure of crops, bringing hardship and famine, and sometimes migration or revolution. Convenient communication and transportation also stimulate social change. Groups previously isolated geographically or politically become ever more aware of different ways of thinking, living, and behaving, and sometimes of the existence of vastly different standards of living. Migrations and mass media lead not only to cultural mixing but also to the extinction of some cultures and the rapid evolution of others. The size of the human population, its concentration in particular places, and its pattern of growth are influenced by the physical setting and by many aspects of culture: Some religious groups also take a strong stand on population issues. Leaders of the Roman Catholic church, for example, have long campaigned against birth control, whereas, in recent years, religious leaders of other major faiths have endorsed the use of birth control to restrict family size. Quite apart from government policy or religious doctrine, many people decide whether to have a child on the basis of practical matters such as the health risk to the mother, the value or cost of a child in economic or social terms, the amount of living space, or a personal feeling of suitability as parents. In the United States, the trend toward casual adolescent sexual relations has led to increasing numbers of unexpected and unwanted pregnancies. Great increase in the size of a population requires greater job specialization, new government responsibilities, new kinds of institutions, and the need to marshal a more complex distribution of resources. Population patterns, particularly when they are changing, are also influential in changing social priorities. The greater the variety of subcultures, the more diverse the provisions that have to be made for them. As the size of a social group increases, so may its influence on society. The influence may be through markets such as young people who, as a group, buy more athletic equipment, voting power for example, old people are less likely to vote for school bond legislation, or recognition of need by social planners for example, more mothers who work outside the home will require child-care programs. To gain something we want or need, it is usually necessary to give up something we already have, or at least give up an opportunity to have gained something else instead. For example, the more the public spends as a whole on government-funded projects such as highways and schools, the less it can spend on defense if it has already decided not to increase revenue or debt. Social trade-offs are not always economic or material. Sometimes they arise from choices between our private rights and the public good: Or choices may arise between esthetics and utility. For example, a proposed large-scale apartment complex may be welcomed by prospective tenants but opposed by people who already live in the neighborhood. Different people have different ideas of how trade-offs should be made, which can result in compromise or in continuing discord. How different interests are served often depends on the relative amounts of resources or power held by individuals or groups. Peaceful efforts at social change are most successful when the affected people are included in the planning, when information is available from all relevant experts, and when the values and power struggles are clearly understood and incorporated into the decision-making process. There is often a question of whether a current arrangement should be improved or whether an entirely new arrangement should be invented. On the one hand, repeatedly patching up a troublesome situation may make it just tolerable enough that the large-scale change of the underlying problem is never undertaken. On the other hand, rushing to replace every system that has problems may create more problems than it solves. It is difficult to compare the potential benefits of social alternatives. In a very large population, value comparisons are further complicated by the fact that a very small percentage of the population can be a large number of people. For example, in a total population of million, a rise in the unemployment rate of only one-hundredth of 1 percent which some people would consider trivially small would mean a loss of 10, jobs which other people would consider very serious. Judgments of consequences in social trade-offs tend to involve other issues as well. One is a distance effect:

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Chapter 8 : Social perception & Attribution

behavior, and can be defined as "voluntary, intentional behavior that benefits another and that is not motivated by the expectation of external rewards or avoidance of externally produced punishments" (Chou, , p.).

As a fitness professional, you have firsthand knowledge of how clients think, feel and act in relation to exercise. But how does your understanding compare with findings from recent exercise psychology research? Take this pop quiz. Do older adults place more emphasis than younger exercisers on the health benefits of exercise? Are women who take aerobic dance classes more satisfied with their bodies than women who take hatha yoga? Is aerobic exercise better than nonaerobic activity for boosting moods? Do runners find longer-duration runs more effortful than shorter ones? Does mental distraction make exercising easier? To find out how your answers compare with the statistics, take this journey with us through a review of exercise psychology research. We focus specifically on exercise psychology, which studies the general population, rather than sport psychology, which spotlights athletes. The review is organized around three themes: The studies we reviewed investigated the influence of age and sex, as well as exercise structure. Many people believe that older adults exercise predominantly for health reasons. For young women 16–25 years old, health was the most significant reason for exercise; but for young men of the same age, it was competition. Two other findings emerged in this study: This last finding deserves our attention. Is exercise perceived as a necessary evil, and how much might this contribute to low participation rates? In searching for the roots of exercise motivation, some researchers focused on adolescents. Not unexpectedly, weight issues figured prominently, but sex differences consistently emerged. In this same study, it was noted that self-esteem tended to be lower in girls who expressed dissatisfaction with their bodies, while in boys body dissatisfaction was unrelated to self-esteem. This finding suggests that societal forces continue to equate worthiness with physical appeal for women but not for men. While this motivational base might motivate inactive teens to initiate exercise, it was thought to undermine intrinsic motivation, which serves to sustain involvement. Department of Health and Human Services Researchers have shown a keen interest in sex differences in exercise behaviors, with special attention focused on the related concerns of body image and eating disorders. Our review does not attempt to summarize knowledge about differences, but simply highlights new studies. The problem of excessive exercise among women was explored with self-assessments. Women who reported that they exercised excessively had greater difficulty communicating feelings to others, experienced more extreme feeling states and had a higher incidence of bodily complaints. Though some women in this group were also found to have eating disorders, these two conditions did not always co-exist. Exercise is normally associated with positive mental health; yet in a study of undergraduates, this relationship consistently held up only for men. For exercising women who did not have symptoms of disordered eating, the positive exercise–mental health relationship was evident. One implication of this study is that as much as exercise can improve moods and relative anxiety, it cannot counter the negative impact of other lifestyle behaviors. A surprising finding emerged in a study of middle-aged women. At the end of a workout, who do you think experiences greater reductions in mental and physical exhaustion—men or women? Exercise Structures Exercise psychologists continue to explore guidelines for duration, frequency and intensity. A fourth variable—modality, or the nature of the activity itself—is yet another major focus. Finally, many researchers have investigated the role of distraction in the exercise environment. What new findings have emerged in the past few years? The benefits of short bouts of exercise were re-examined in an 8-week study of sedentary adults that contrasted the mood benefits of three minute exercise periods with those of a continuous minute program. Though minute bouts yielded both physical and psychological benefits, the authors argued that continuous minute periods had greater psychotherapeutic effects. When do mood changes become most evident? This study focused on mood changes within, rather than after, the exercise experience. If you run 8 miles one day and 10 miles another day, which run will seem more effortful? Counterintuitively, in a study by

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Baden and colleagues, the longer runs were experienced as less effortful. What happens when duration is mixed with intensity? Although fitness gains were comparable between conditions, participants in the lower-intensity, longer-duration group expressed significantly less confidence in their ability to continue exercising. If you were designing a walking program for sedentary men with the goal of improving adherence, would you prescribe three to four walks a week or five to seven? Would you design a high-intensity or moderate-intensity workout? If you answered three to four walks a week at moderate intensity, you would be right about intensity, but not frequency. Surprisingly, according to a study by Rodgers and colleagues, the more frequent the prescribed exercise, the better the adherence. Not so surprising was the finding that high-intensity training was associated with more frequent injuries Perri et al. Two other studies generally support what might be considered rules of thumb regarding intensity. Even though feeling states tended to rebound after the exercise experience, the authors argued that such transient negative affect could reduce adherence, especially for inexperienced exercisers. The second study, which measured affect before and periodically after exercise up to 60 minutes after, supported a curvilinear dose-response relationship between intensity and affective response: Moderate training intensities resulted in immediate, large and enduring affective benefits Arent et al. Common wisdom suggests that people are happiest when they are doing what they like, and research supports this bromide. In one study, participants did both an exercise of choice and no-choice stationary cycling. A perplexing result was observed in a comparison of four exercise modalities: Participants were adult female teachers who took one session of each activity and then completed questionnaires. Contrary to typical findings, the aerobic dance experience produced no mood benefits, whereas the other activities generated more positive moods and enhanced feelings of well-being. Perhaps one activity is not necessarily better than another in terms of psychological benefits; the outcomes may simply differ. Most fitness centers intuitively structure the environment so exercisers can distract themselves while training. Is this a good thing? What effect do virtual-reality games and simulations have on the exercise experience? In one study in which these games were coupled with stationary cycling, they were found to increase energy, enhance enjoyment and reduce tiredness—even though without exercise they reduced energy and increased tension and tiredness Plante et al. A second study using walking as the exercise form supported these results Plante et al. One final piece of evidence got right to the heart of the value of distraction. College students were instructed to exercise while reading, while watching TV or without any distraction. No differences in mood benefits. Watching the TV news may be enjoyable for some viewers, while watching sports may motivate others. This variety is often reflected in the multiple TV monitors in gyms. These studies on distraction reflect at best the tip of the iceberg. Far more needs to be understood about what different people do with their minds while exercising. Are there other advantages you can cite to your clients? Studies in our review demonstrated how exercise can be helpful to people contending with diverse physical and emotional conditions. Are there still other benefits? Rather than naming them all, we will restrict our input to highlights that you may not know of or that can solidify your understanding. In one study, people who exercised three to four times a week reported higher job performance than those who exercised one to two times a week, and both groups outperformed nonexercisers Cone. Moreover, exercisers had lower absenteeism and a greater awareness of health issues Ur. Depressed individuals assigned to exercise programs that burned. What will middle-aged people who have never exercised gain from initiating a workout program? Research on women aged 43–77 referred by their physicians for medical conditions indicates that the women developed a meaningful, self-sustaining new exercise identity. A number of studies focused on the benefits of exercise for different age groups. Of particular concern were cognitive, or mental-function, benefits for older exercisers and mood benefits for at-risk children. Evidence suggests that people who exercise regularly are better leaders. How Did You Do? Go back and take that pop quiz again. Do the research results confirm your own experiences with clients? Remember, each study is a unique bundle of techniques, tests and participants. Change any of these elements and the results may differ. The story this research summary tells is an optimistic one. Exercisers get many benefits from physical activity. The challenge is to inspire more people toward active living. We need to

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help people, not only with their biomechanics, but also with their psychology of movement. Through conversations and coaching, we can inspire people to find joy in their activities, purpose in what they do, relationships in their exercise world and, above all, the means to realize their dreams. Can people motivate themselves to exercise? Participants indicated their preferences among three aerobic workouts and then performed each of them for 20 minutes. After their preferred training, their fatigue, psychological distress and reported difficulty were lower, while their sense of positive well-being was higher. Since the work rates were roughly equivalent for all three exercise modes, these differences are remarkable. Personal Focus Two studies provided hints about factors that might enhance enjoyment and intrinsic motivation.

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Chapter 9 : Jealousy - Wikipedia

2 INTERNAL AND EXTERNAL FACTORS THAT ENCOURAGE OR DISCOURAGE HEALTH-RELEVANT BEHAVIORS
INTRODUCTION There are a number of factors that determine the likelihood of engaging in a particular behavior.

This section relies too much on references to primary sources. Please improve this section by adding secondary or tertiary sources. July Learn how and when to remove this template message With the advent of the concept of *g*, or general intelligence, some form of empirically measuring differences in intelligence, was possible, but results have been inconsistent. Studies have shown either no differences, or advantages for either sex. One study did find some advantage for women in later life, [47] while another found that male advantages on some cognitive tests are minimized when controlling for socioeconomic factors. Knowns and Unknowns by the American Psychological Association, "Most standard tests of intelligence have been constructed so that there are no overall score differences between females and males. His conclusions he quoted were "No evidence was found for sex differences in the mean level of *g*. Males, on average, excel on some factors; females on others". For example, they found females performed better on verbal abilities while males performed better on visuospatial abilities. Other traditionally male advantages, such as in the field of mathematics are less clear. Sex differences in human memory The results from research on sex differences in memory are mixed and inconsistent, with some studies showing no difference, and others showing a female or male advantage. Four different tasks of increasing difficulty were given to 9 males and 8 females. Functional magnetic resonance imaging was used to measure brain activity. The lateral prefrontal cortices, the parietal cortices and caudates were activated in both genders. Aggression is closely linked with cultural definitions of "masculine" and "feminine". In some situations, women show equal or more aggression than men, although less physical; for example, women are more likely to use direct aggression in private, where other people cannot see them, and are more likely to use indirect aggression in public. Studies by Bettencourt and Miller show that when provocation is controlled for, sex differences in aggression are greatly reduced. They argue that this shows that gender-role norms play a large part in the differences in aggressive behavior between men and women. In humans, males engage in crime and especially violent crime more than females. The involvement in crime usually rises in the early teens to mid teens which happen at the same time as testosterone levels rise. Most studies support a link between adult criminality and testosterone although the relationship is modest if examined separately for each sex. However, nearly all studies of juvenile delinquency and testosterone are not significant. Most studies have also found testosterone to be associated with behaviors or personality traits linked with criminality such as antisocial behavior and alcoholism. Humans have modest general body sexual dimorphism on characteristics such as height and body mass. However, this may understate the sexual dimorphism regarding characteristics related to aggression since females have large fat stores. The sex differences are greater for muscle mass and especially for upper body muscle mass. Another possible explanation, instead of intra-species aggression, for this sexual dimorphism may be that it is an adaption for a sexual division of labor with males doing the hunting. However, the hunting theory may have difficulty explaining differences regarding features such as stronger protective skeleton, beards not helpful in hunting, but they increase the perceived size of the jaws and perceived dominance, which may be helpful in intra-species male competition, and greater male ability at interception greater targeting ability can be explained by hunting. Another evolutionary theory explaining gender differences in aggression is the male warrior hypothesis, which explains that males have psychologically evolved for intergroup aggression in order to gain access to mates, resources, territory and status. For example, on the scales measured by the Big Five personality traits women consistently report higher Neuroticism, agreeableness, warmth an extraversion facet [72] and openness to feelings, and men often report higher assertiveness a facet of extraversion [72] and openness to ideas as assessed by the NEO-PI-R. Differences in the magnitude of sex differences between more or less developed world regions were due to differences between men, not women, in these respective regions.

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That is, men in highly developed world regions were less neurotic, extroverted, conscientious and agreeable compared to men in less developed world regions. Women, on the other hand tended not to differ in personality traits across regions. Researchers have speculated that resource poor environments that is, countries with low levels of development may inhibit the development of gender differences, whereas resource rich environments facilitate them. This may be because males require more resources than females in order to reach their full developmental potential. Hunter-gatherer societies in which humans originally evolved may have been more egalitarian than later agriculturally oriented societies. Hence, the development of gender inequalities may have acted to constrain the development of gender differences in personality that originally evolved in hunter-gatherer societies. As modern societies have become more egalitarian again it may be that innate sex differences are no longer constrained and hence manifest more fully than in less developed cultures. Currently, this hypothesis remains untested, as gender differences in modern societies have not been compared with those in hunter-gatherer societies. Based on data in Del Giudice, M. Individuals who score high on this dimension are emotionally cool; this allows them to detach from others as well as values, and act egoistically rather than driven by affect, empathy or morality. In large samples of US college students males are on average more Machiavellian than females; in particular, males are over-represented among very high Machiavellians, while females are overrepresented among low Machiavellians. Females were on average higher than males in extraversion, anxiety, trust, and, especially, tender-mindedness. Deficits in effortful control also showed a very modest effect size in the male direction. Sex differences favoring men were also found for more specific measures of engineering, science, and mathematics interests. This may be explained by the different social roles women and men have in different cultures, and by the status and power men and women hold in different societies, as well as the different cultural values various societies hold. According to the Primary Caretaker Hypothesis, prehistoric males did not have same selective pressure as primary caretakers so therefore this might explain modern day sex differences in emotion recognition and empathy. Women also reported a more intense and more frequent experience of affect, joy, and love but also experienced more embarrassment, guilt, shame, sadness, anger, fear, and distress. Experiencing pride was more frequent and intense for men than for women. Women also reported more intense feelings of anger in relation to terrifying situations, especially situations involving a male protagonist. Women have been reported to be more responsive to this. An American Psychological Association article states that, "boys are generally expected to suppress emotions and to express anger through violence, rather than constructively". A child development researcher at Harvard University argues that boys are taught to shut down their feelings, such as empathy, sympathy and other key components of what is deemed to be pro-social behavior. According to this view, differences in emotionality between the sexes are theoretically only socially-constructed, rather than biological. In situations like a wedding or a funeral, the activated emotion norms apply to and constrain every person in the situation. Gender differences are more pronounced when situational demands are very small or non-existent as well as in ambiguous situations. During these situations, gender norms "are the default option that prescribes emotional behavior" Associate Professor of Psychology Ann Kring said, "It is incorrect to make a blanket statement that women are more emotional than men, it is correct to say that women show their emotions more than men. These researchers concluded that women and men experience the same amount of emotion, but that women are more likely to express their emotions. While girls and boys cry at roughly the same amount at age 12, by age 18, women generally cry four times more than men, which could be explained by higher levels of prolactin. Men and women tend to use different neural pathways to encode stimuli into memory. While highly emotional pictures were remembered best by all participants in one study, as compared to emotionally neutral images, women remembered the pictures better than men. This study also found greater activation of the right amygdala in men and the left amygdala in women. Women also show more consistency between individuals for the areas of the brain activated by emotionally disturbing images. Compared to the previous report five years earlier women more often reported progress with their lives while men were more optimistic about the future. Women were more concerned about home and family issues than men who were

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more concerned about issues outside the home. Many mood disorders, anxiety disorders, and eating disorders are more common in women. One explanation is that men tend to externalize stress while women tend to internalize it. Gender differences vary to some degree for different cultures. One study found little empirical support for several proposed explanations, including biological ones, and argued that when depressed women tend to ruminate which may lower the mood further while men tend to distract themselves with activities. This may develop from women and men being raised differently. Women have higher rates of anxiety and depression internalizing disorders and men have higher rates of substance abuse and antisocial disorders externalizing disorders. It is believed that divisions of power and the responsibilities set upon each sex are critical to this predisposition. Namely, women earn less money than men do, they tend to have jobs with less power and autonomy, and women are more responsive to problems of people in their social networks. It is believed[by whom? These symptoms would yield diagnoses based on criteria for agoraphobia, social phobia, and simple phobia. Women had significantly higher prevalence rates of agoraphobia and simple phobia; however, there were no differences found between men and women in social phobia. The most common phobias for both women and men involved spiders, bugs, mice, snakes, and heights. The biggest differences between men and women in these disorders were found on the agoraphobic symptoms of "going out of the house alone" and "being alone", and on two simple phobic symptoms, involving the fear of "any harmless or dangerous animal" and "storms", with relatively more women having both phobias. There were no differences in the age of onset, reporting a fear on the phobic level, telling a doctor about symptoms, or the recall of past symptoms. It was found that lifetime prevalence of traumatic events was a little higher in men than in women. However, following exposure to a traumatic event, the risk for PTSD was two times higher in women. It is believed this difference is due to the greater risk women have of developing PTSD after a traumatic event that involved assaultive violence. The duration of PTSD is longer in women, as well. It has been suggested that sexually dimorphic brain anatomy, the differential effects of estrogens and androgens, and the heavy exposure of male adolescents to alcohol and other toxic substances can lead to this earlier onset in men. It is believed that estrogens have a protective effect against the symptoms of schizophrenia. Although, it has been shown that other factors can contribute to the delayed onset and symptoms in women, estrogens have a large effect, as can be seen during a pregnancy. In pregnancy, estrogen levels are rising in women, so women who have had recurrent acute episodes of schizophrenia did not usually break down. However, after pregnancy, when estrogen levels have dropped, women tend to suffer from postpartum psychoses. Also, psychotic symptoms are exacerbated when, during the menstrual cycle, estrogen levels are at their lowest. In addition, estrogen treatment has yielded beneficial effects in patients with schizophrenia. One study chose to identify gender-related differences by examining male and female gamblers, who were using a gambling helpline. There was calls placed, and of this amount, Male gamblers were more likely to report problems with strategic forms of gambling blackjack or poker, and female gamblers were more likely to report problems with nonstrategic forms, such as slots or bingo. Male gamblers were also more likely to report a longer duration of gambling than women. Female gamblers were more likely to report receiving mental health treatment that was not related to gambling. Male gamblers were more likely to report a drug problem or being arrested on account of gambling. There were high rates of debt and psychiatric symptoms related to gambling observed in both groups of men and women. Males in Western societies are much more likely to die from suicide despite females having more suicide attempts.