

Psychology in Real Life

Case Studies & Application Pack

Grades 10–12 | 20 Case Studies | AP Aligned

Connecting Core Concepts to Real Events & Ethical Dilemmas

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IRB Ethics Guide

Institutional Review Boards (IRBs) are committees established to review and approve research involving human subjects. In psychology, the ethical treatment of participants is paramount. This guide outlines the core principles established by the American Psychological Association (APA) that researchers must follow.

Informed Consent: Participants must be informed about the nature of the study, potential risks, and their right to withdraw at any time without penalty. Consent must be documented.

Deception & Debriefing: Deception is only allowed if the study's value justifies it and no alternative exists. If deception is used, participants must be fully debriefed immediately after their participation, explaining the true nature of the research and removing any harmful effects.

Confidentiality: Participants' data and identities must be kept strictly confidential. Data should be anonymized or kept in secure, password-protected storage.

Protection from Harm: Researchers must ensure participants are not exposed to undue physical or psychological harm. Risks must be minimized and must be reasonable in relation to the anticipated benefits.

Right to Withdraw: Participants have the absolute right to withdraw from a study at any point, and they must be informed of this right before consenting.

Vulnerable Populations: Extra precautions must be taken when research involves minors, prisoners, pregnant women, or individuals with cognitive impairments.

Psychology Concept Connection Map

This map connects the 20 case studies to the core AP Psychology units and concepts they illustrate.

AP Psychology Concept	Related Case Studies
Neuroscience & Brain Localization	1 (Gage), 9 (H.M.), 16 (Wearing)
Classical Conditioning	2 (Albert), 20 (Aveyron)
Social Psychology & Group Behavior	3 (Genovese), 4 (SPE), 5 (Milgram), 13 (Elliott)
Attachment & Developmental	6 (Harlow), 8 (Genie)
Observational Learning	7 (Bobo Doll)
Memory & Cognition	9 (H.M.), 10 (Loftus), 16 (Wearing)
Gender & Nature vs. Nurture	11 (Reimer)
Abnormal Psychology & Diagnosis	12 (Rosenhan), 17 (Sybil), 18 (Nash)
Motivation, Emotion & Stress	14 (Learned Helplessness)
Attitudes & Cognitive Dissonance	15 (Festinger)
Scientific Method & Ethics	19 (FC Controversy)

Discussion Protocol

To foster a safe, respectful, and academically rigorous classroom environment when discussing sensitive psychological cases and ethical dilemmas, adhere to the following Socratic and structured protocols:

- 1. Think-Pair-Share:** Before opening to the whole class, allow students 1 minute of silent think-time, then 2 minutes to discuss with a partner. This ensures all voices are heard and reduces anxiety.
- 2. Evidence-Based Claims:** Students must anchor their contributions in text. Require the format: 'I know this because the case summary states...' or 'According to the ethical guidelines...'
- 3. Respectful Discourse:** Acknowledge that psychological cases involve real people and sensitive topics. Use 'I' statements and avoid stigmatizing language regarding mental health or trauma.
- 4. Devil's Advocate:** Assign one student per group to respectfully argue the counterpoint (e.g., defending a researcher's ethical choices) to ensure all facets of a dilemma are explored.
- 5. No 'Right' Answers in Ethics:** Emphasize that ethical dilemmas have nuance. The goal is critical thinking and weighing competing values, not arriving at a single correct answer.

Writing-from-Evidence Response Guide

Use the ACE framework to construct robust, evidence-based responses to the analysis and ethical questions in this pack.

Step	Acronym	Description
1	Answer	Directly answer the prompt in a clear topic sentence. Do not simply restate the question; take a definitive stance.
2	Cite	Provide specific evidence from the case study, ethical guidelines, or AP Psychology concepts to support your answer. Use phrases like 'The data shows...' or 'In the case of X...'
3	Explain	Explain how your evidence proves your answer. Connect the citation back to the original prompt and the broader psychological concept.

Phineas Gage

AP Psychology Connection: Neuroscience & Brain Localization (Frontal Lobe)

Case Summary

In 1848, Phineas Gage, a 25-year-old railroad construction foreman, was using an iron rod to tamp explosive powder into a hole when a spark ignited the powder. The resulting explosion drove the 3-foot, 13-pound iron rod completely through his skull, entering below his left cheekbone and exiting through the top of his head.

Remarkably, Gage survived the accident and was conscious and talking within minutes. However, his personality underwent a drastic transformation. Before the accident, Gage was described as capable, efficient, and well-balanced. Afterward, he became fitful, irreverent, and highly impulsive, often using profanity and showing little regard for social conventions. His physician, Dr. John Martyn Harlow, documented these profound changes.

Gage's case provided some of the first empirical evidence that specific brain areas control specific functions, particularly that damage to the frontal lobe profoundly affects personality, decision-making, and social behavior.

Analysis & Application Questions

1. How does Gage's case support the concept of brain localization? What specific functions were altered?
2. If Gage's accident occurred in the occipital lobe instead of the frontal lobe, how might his deficits have differed?
3. Gage eventually adapted and worked as a stagecoach driver in Chile. What does this suggest about the brain's plasticity?

Ethical Review

1. Dr. Harlow studied Gage intensely. Since Gage's cognitive abilities were impaired, how should informed consent have been handled for his ongoing examination?
2. Are there ethical concerns with publishing detailed medical and behavioral records of a single, identifiable patient in the 19th century? How does this compare to modern privacy standards?

David Reimer (Gender Identity)

AP Psychology Connection: Developmental Psychology & Gender Studies (Nature vs. Nurture, Gender Identity)

Case Summary

In 1965, identical twins Bruce and Brian Reimer were born. At 8 months old, Bruce suffered a catastrophic accident during a botched circumcision that destroyed his penis. Desperate, his parents sought the advice of Dr. John Money, a prominent psychologist at Johns Hopkins University who argued that gender identity was primarily the result of nurture (upbringing) rather than nature (biology).

Money advised the parents to raise Bruce as a girl, renaming him Brenda. He recommended sex reassignment surgery and hormone treatments. Dr. Money published the case as a resounding success, claiming 'Brenda' had adjusted well, which became a cornerstone argument for the social construction of gender.

However, the reality was a tragedy. Brenda experienced severe gender dysphoria, was relentlessly bullied, and felt inherently wrong living as a girl. At age 14, after learning the truth, Brenda transitioned back to living as a male, taking the name David Reimer. David later married and became an advocate, but tragically died by suicide in 2004. The case ultimately proved that biological factors (nature) play a powerful, inherent role in gender identity that cannot be overridden by socialization.

Analysis & Application Questions

1. How does David Reimer's case shift the understanding of gender identity from a 'nurture' perspective to a 'nature' perspective?
2. What does this case suggest about the biological foundations of gender identity, and how does it challenge the theories of Dr. John Money?
3. How does David's experience relate to the psychological concept of gender dysphoria?

Ethical Review

1. Dr. John Money knowingly misrepresented the success of the case to the scientific community and the public. Discuss the severe ethical breaches regarding academic integrity and the harm caused by falsified research.

2. Money forced David and his twin brother to engage in highly inappropriate and traumatic behavioral exercises during therapy sessions. How does this violate the APA's principles of beneficence and nonmaleficence (do no harm)?

Facilitated Communication Controversy

AP Psychology Connection: Scientific Method & Ethics (Pseudoscience, Confirmation Bias, Ideomotor Effect)

Case Summary

In the 1990s, Facilitated Communication (FC) became a highly popular technique used to help non-verbal individuals with autism or severe cognitive disabilities communicate. A 'facilitator' held the disabled person's hand, wrist, or arm, helping them type on a keyboard. Miraculously, individuals who had never spoken began typing out highly articulate, complex, and poetic messages.

However, controlled scientific testing revealed a different reality. When researchers blindfolded the facilitators or showed different images to the facilitator and the patient, the typed messages consistently matched what the facilitator saw, not the patient. The patients were not communicating; the facilitators were unconsciously guiding the patients' hands—a phenomenon known as the ideomotor effect.

FC was debunked as pseudoscience, driven by confirmation bias (facilitators desperately wanted to believe their clients were communicating). The consequences were devastating: false accusations of sexual abuse were typed by facilitators against innocent parents, tearing families apart and highlighting the critical need for empirical validation in psychological interventions.

Analysis & Application Questions

1. Explain how the ideomotor effect operated in the Facilitated Communication scenario. How is this similar to using a Ouija board?
2. How does this case demonstrate the danger of confirmation bias in therapeutic settings?
3. Why is the scientific method (specifically, double-blind testing) essential before implementing widespread therapeutic interventions?

Ethical Review

1. Facilitators genuinely believed they were helping, yet they caused immense harm by generating false abuse accusations. Is harm lessened if it is caused unintentionally? Why or why not?
2. What is the ethical responsibility of a therapist or educator when a new, unproven technique yields results that seem too good to be true? Should they adopt it immediately to

help the patient, or wait for scientific validation?

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