

‘Compare and contrast at least two psychological explanations for understanding human behaviour’

This essay will be comparing psychological explanations for understanding human behaviour, one of which from the environmental approach in psychology focusing on Twin research, studying the way twins may be different because of being brought up in two different environments. Secondly, focusing on the biological approach studying how behaviour is a consequence of our genes and the behavioural approach, looking at how things in our environment modify our behaviour. With the twins, it is dependent if they are Monozygotic twins (MZ) known to be identical and are in one single zygote in the womb or Dizygotic twins (DZ) which come from two different zygotes. The second section will be focusing on eating disorders, anxiety and phobias from the cognitive, environmental, behavioural and biological approach in psychology, how they are interlinked, caused, and treated. (Kate. B et al, 2008).

To begin, there is a lot of known research into the two types of twins (MZ and DZ) how they are different, but also how they are the same, however when it comes to their environment it depends on how they get treated to determine their future, if one twin were treated unfairly and was stuck in an abusive relationship with their parents and the other was not, this could affect them both differently.

“Twin and adoption studies have provided evidence for familial and genetic influences on individual differences in disease risk and in human behaviour” (Kaprio et.al,2002). Given the situation that two twins were split at birth, and put into care, one was treated well and the other was treated badly, one may go on to gain a successful life and the other because of childhood trauma may have a lot to work through in order to live the life they want. Looking at this from a biological point of view MZ twins tend to have genetically similar genes compared to DZ, compared to looking at it from an environmental point of view. Its dependant on their environment how they act as well as with the behavioural approach. Their environment could have a massive impact on the way they behave being from their parents/guardians or their overall surroundings.

“The most common groups used for such studies are genetically identical individuals (monozygotic [MZ] twins) and individuals who share approximately 50% of their genetic variation in common (dizygotic [DZ] twins and siblings), compared with “unrelated” individuals in the background population.” (Peter K,2013).

(A.J Halland et al, 1984) conducted an investigation of 34 pairs of twins, including one set of triplets, to see the congruence rates for anorexia nervosa, the diagnostic criteria stated was that if they had an intense fear of fatness or an excessive need to be thin, self-induced weight loss, including vomiting or taking prolonged laxative's or struggling with amenorrhea for the minimum of three months. The condition was known as severe if the weight of the individual was 75% below pre-illness body weight for at least one year or had been seen in hospital more than three times. The study found that 9/16 of the MZ pairs were congruent and 1/14 of the DZ pairs, which was significantly lower.

The matter of anorexia nervosa is still stated a debate. (Crisp et al, 1980) found that 7% of siblings, 14% of mothers and 9% of fathers had a history of diagnosis of anorexia nervosa and in another study that (Crisp and Toms, 1972) suggested the siblings were taking turns in stabilising the family dynamics through their anorexic behaviour however a more recent study by (Hudson et al 1983) showed a 9.5% occurrence of eating disorders in 70 first-degree relatives of anorexia probands, however was criticized because the zygoty and diagnostic criteria was not clearly shown, dependant on the strictness of the inclusion criteria between 38% and 55% of the 27 MZ pairs were concordant and 9 DZ pairs. In some cases, the anorexia had run parallel course and in other it developed at different times, in one pair for example they developed it while in two different countries, another was triggered by a major life event (death of a husband) causing depression and later contributing to anorexia. Described by Bruch (1969) there was a tendency for the anorexic twin to be disadvantaged since being born and the less dominant of the two.

(Minuchin et al, 1975) described that families who struggled with this disorder also struggled with other life stresses such as marital disharmony. General stresses appeared important in individual cases, but the mystery as to why MZ was more concordant compared to DZ was still unanswered. When MZ was studied separately, there was a pattern of similar psychiatric illness but not as severe as the disorder, although needing further study, they found a genetic predisposition to anorexia nervosa which could become obvious under unfavourable conditions such as strict dieting or emotional distress. MZ twins with one or more weakness factor would both have the capability of progressing onto the development of the disorder, other factors include earlier life experiences.

DZ twins have approximately only half the same genes, therefore, are less likely to share the same genetic vulnerability proportionally. The second possible explanation is the 'equal environment' assumption (Plomin et al, 1980) in twin research, that MZ twins are treated more similar compared to DZ, which means they are more likely to experience induction. However, in adolescence twins tend to be separated and the development of anorexia may then reduce to the individual state. If they do not live together, it is then claimed that the disorder arises as an alternative personality development, this explanation is known to be more reliable for studying the difference between the two twins, to conclude the other studies cannot be ruled out however need further investigating.

Referring to the individual differences between the two twins, ones who are less fortunate may have less free will and the freedom to do as they want in life, could be caused by controlling parents or having an abusive upbringing could cause unlaying anxiety about going outdoors and talking to people freely, A case study that relates to this thought is Genie the feral child. Genie was thought to be the most mistreated child there had ever been, she was trapped in her room for 13 years with no light and little food, her father used to be very abusive, which meant genie never properly learnt how to walk or talk, and because of being stuck in a room for all those years her eyes adapted to that distance meaning when she eventually came out and was put into care she had bad eye sight. This case study goes along with the psychodynamic approach and behavioural approach in psychology as the way Genie was treated affected her overall development as a teenager within her psychosexual stages and her overall behaviour, which she couldn't help as what she knew were the only aspects she had been brought up with.

Moving on to the study of eating disorders, anxiety and phobias, these disorders fall hand in hand and can be a trigger for one another. Eating disorders, described as a mental health condition where the use of food is harmful, including carrying on with unhealthy eating behaviours such as eating too much or too little or worrying about your weight or body shape, anyone can develop an eating disorder however individuals aged between 13 and 17 are mostly affected. As previously mentioned in the study by A.J Halland et al (1984) one of the most popular types of eating disorders are anorexia nervosa which is when an individual tries to control their weight by not eating enough nutrients, exercising too much or both, Bulimia which is a disorder with losing control over how much you eat and then taking drastic actions to not put on weight lastly (BED) binge eating disorder, eating in large portions at one time until feeling uncomfortable. (NHS, 2022)

The most common eating disorder is (OSFED) other specified feeding or eating disorder, if an individual has symptoms that do not exactly fit the expected symptoms of any specific eating disorders. Another is (ARFID) Avoidant/restrictive food intake disorder, when someone avoids certain foods and limits how much they eat or both, having anxious beliefs about their own self image/body shape are reasons why people develop the disorder. (NHS, 2022)

Having anxiety on the other hand is having a lack of dopamine, which is a type of monoamine neurotransmitter, made in our brain and acts as a messenger of chemicals, communicating messages between nerve cells in your brain to your body, it also acts as a hormone in the body, described as having the feeling of unease much like worry or fear which can range from being quite mild to quite severe. Everyone deals with anxiety at some point in their life, from being nervous towards an exam or medical test, with others its harder to control their worries which then means their anxiety starts to affect their daily life.

It is something that is included in several disorders such as in phobias, post-traumatic stress disorder and social phobias. Generalised anxiety disorder causes a range of worry rather than at one specific time, people who struggle with this often feel anxious daily and can't relax and can cause psychological and physical symptoms. (NHS, 2022)

On the other hand having a phobia of something has many similarities to anxiety and go hand in hand, as a phobia is having a crushing fear of an object, place, feeling or animal and are more visible than fears, they develop when a person has an exaggerated or unrealistic sense of danger about a situation, if a phobia becomes very severe, a person may change their life around avoiding that particular fear causing them anxiety, as well as limiting their daily life.

A phobia is a type of anxiety disorder. Symptoms of this might not occur until you meet the main aspect of your phobia, but in some cases even thinking of the main cause of the phobia can make a person feel anxious, which is known as anticipatory anxiety. Which include symptoms such as unsteadiness, dizziness, nausea, trembling, increased heart rate or an upset stomach. However, if you do not often encounter the phobia it is less likely to affect your daily life (dependant on what the phobia is). (NHS, 2022)

There are multiple aspects in life that can trigger anxiety, and the development of phobias this could be from your upbringing such as if your mum feared something the child is likely to copy that and think of her fear as scary without realising their own fears. This comes along side with anxiety, anxiety is something that you cannot necessarily help developing, you get anxious from the smallest things when we do not realise it. It is seen most of the time as a bad disorder to have but being anxious about things is a part of being human and experiencing normal human feelings. Your environmental factors can also contribute to anxiety and phobias, if your environment is quite rough and you must look after yourself from an early age, you could always get conscious/anxious of your surroundings. Anxiety is also a disorder that can be developed through triggers of things that have happened in the past, for example if something happened in the past like being stuck in a lift you may develop anxiety around lifts and have a phobia of going in them.

These three, eating disorders, anxiety and phobias all have something in common, to begin with having an eating disorder is influenced by having a strong anxious feeling or phobia of eating over a certain amount and phobias are often seen as an anxiety disorder which links into anxiety. Looking at these from a behavioural approach these disorders can modify our behaviour and make us act a certain way especially if we go out our way in our lives in order to not go near a phobia for example or when having an eating disorder, behaving a different way is a key sign as you're not gaining the nutrients needed in order to have a healthy diet, as well as anxiety it affects your confidence and will restrain the things that you want to do in your life. Compared to looking at them from a biological point of view these disorders could be a consequence of our genes, for example if there were past issues with parents and aspects had been passed down, with phobias there's a different way of looking at them as when you're growing up, we tend to copy your parents fears even if your unaware at that age what the fear is, with eating disorders, that's something that is developed but can be linked to anxiety. The environment that you are brought up in can also have a massive influence on the way we behave and the way we progress and develop through life, if restrained to certain things, certain foods, certain places this can contribute to the development of a mental health condition.

There are several solutions for these three, to begin with (GAD) you could attend psychological therapies such as, cognitive behavioural therapy (CBT) self-referral is possible or taking medication such as selective serotonin reuptake inhibitors (SSRIs). When individuals take medication for anxiety, they tend to be able to control their anxiety levels but some need to be taken for a longer period if symptoms worsen. There are also several ways that you can help yourself from relief of (GAD) dependant on the severity, exercising regularly or stopping smoking could help your symptoms.

Treating phobias can include self-exposure therapy, which is exposing the individual to the fear, more complex phobias can include going to counselling, psychotherapy, cognitive behavioural therapy and in some cases, medication could be prescribed to deal with a phobia such as antidepressants, tranquilisers and beta blockers. There are so many different types of eating disorders and different severity's it is dependent on that what treatment you need but it could include therapies and having to take medication in order to gradually get better with dealing with food and gaining a healthy lifestyle.

To conclude, through several studies of twins, they have found that MZ twins are more likely to develop the same disorders, however the rates for DZ are significantly lower, believed to be because of different environments and the fact that MZ twins are treated more the same compared then DZ, even though needing more research they have stated that there are clear differences between both but could be influenced by environmental or biological impacts, through studying eating disorders, anxiety and phobias there was similarities between the three, the three was shown to link into anxiety and could often trigger each other. For example, with anxiety the way it linked into phobias was that people got anxious about certain things and go out their way to avoid that phobia affecting their daily life, with eating disorders people go out of their way to avoid eating out in public, not eating much at all or just purposely making themselves eat too much to feel uncomfortable, this relates to anxiety of phobias as people experience phobias of food and get anxious when around food if their disorder is not kept under control.

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