

Can psychological theories be compatible with one another?



Drawing on material from the lectures, and using the conceptual framework of ontology, explanation and methodology:

Critically discuss the extent to which psychological theories and methodologies are compatible, conflicting or co-existing.

Matthew Belmonte lecture topic (social cognition)

Prof David Crundall lecture topic (risk taking/road traffic behaviour)

Dr Florentia Hadjiefthymoulou lecture topic (behavioural/drug addiction)

Dr David Wilde lecture topic (introduction to a qualitative approach to psychology, critical health psychology, out of body experience)

Conceptual framework: ontology, explanation and methodology.

9<sup>TH</sup> MAY.

Psychologists may be interested in similar questions, what makes psychology unique? What makes this a psychological question? What are we learning about ourselves - social psychology, different components of who we are (bystander effect). Developmental psychology, following certain methodologies (a blank state/innate/genetics/nature vs nurture)

Personality/individuality - construct generalisations in similar contexts - what makes us the same? (nomothetic approach) The normative functioning state of behaviour (able to recognise abnormal behaviour) How do psychologists go about studying what they study? Interested in the human being - who you are? Social/society/environment the relationship between them all, how do

they fit together between the mind, behaviour and body (the mental state of mind, consciousness and physical aspect/body/brain as control centre?)

Ontology - what is the nature/essential essence of the subject matter (what is the thing 'in itself')? What is it that needs explaining?

Explanation (theory) - how do we explain the psychological phenomena?

Language needs to coincide with ontology. How well does the explanation match ontology? What counts as appropriate evidence to support the explanation?

Methodology - what methods do we employ to test (support/refute) psychological explanation (theory)? Evidence to support explanation to confirm ontology. Is this the best method of gathering the evidence to support the explanation?

What is psychology? Is psychology...the scientific study of the human mind (thoughts and mental consciousness)? The study of the brain (helps to perceive reality (function) essence - neurological physical thing - made up of neurons)? The study of behaviour (intention and action fit in)? A QUESTION OF ONTOLOGY - WHAT IS THE MIND? WHAT IS THE BRAIN? WHAT IS BEHAVIOUR? Is the mind the same as the brain, or are they different? Is behaviour the same as movement? What about intention and action: how do they relate to behaviour?

A QUESTION OF EXPLANATION - HOW DO WE EXPLAIN the relationship between mind, brain and behaviour. How is the mind related to the brain?

How is the mind/brain related to behaviour? Is it that... mind, brain, mind and brain CAUSE behaviour?

A QUESTION OF METHODOLOGY - HOW DO WE STUDY the mind, the brain and behaviour. Take into account of historical context?

If psychology is the (scientific) study of mind/brain/behaviour then where, in all of this, is the person? ONTOLOGY: Is the person their mind, their brain, their behaviour or all of these? EXPLANATION: How are these related to each other in the construction of a person? METHODOLOGY: How do we study a person?

Placing psychological research in HISTORICAL CONTEXT: to understand the current state of psychology, why psychology is as it is. The origins of some of the issues and questions that relate to psychology and psychology as a science. To better understand why these issues and questions have arisen and also learn from those who preceded us.

FH: Conceptual framework with addiction: Ontology - what causes addiction? Explanation - theories of addiction. Methodology - how do we study these theories?

What causes addiction - many theories try to answer this complicated question. Sociocultural perspective (people form addictions under stressful living conditions), psychodynamic perspective, cognitive-behavioural perspective (operant conditioning is a key role in addiction), biological perspective (addiction is a disease that the individual has no control over) Is

addiction nature (a disease = biological) or nurture (social learning phenomenon)

Disease model of addiction: the individual has no control over drinking habits - treatments such as Alcohol Anonymous is based on theory as addiction is a disease because of genetic make-up. 'The disease concept of alcoholism' (Jellinek 1960) The inability to control drinking. 'Addiction is a disease that originates from the biological, neurological and genetic makeup of an individual'.

Disease model of addiction: where does the evidence come from? Genetic predisposition factors: Animal breeding studies, whereby animals showed a preference to alcohol, their offspring also (genetic makeup) (Carroll and Meisch 2011, Weiss, 2011) Human twins studies (inherit genetic predisposition) (Legrand et al., 2005, Tsuang et al., 2001) Kaij 1960. Adoption studies (gives support to disease model of addiction) (Walters 2002, Goldstein 1994) Genetic linkage strategies and molecular biology techniques. Abnormal dopamine-2 (D2) receptor gene in participants with substance use disorder (Cosgrove 2010; Blum et al., 1996) <20% abnormal D2 receptor gene in healthy participants. There might be other factors/explanations contributing to addiction - this model has flaws (family interaction could be taken into account)

Disease model of addiction: where does this evidence come from?

Psychological factors: the reward system or 'pleasure pathway': 'a brain circuit that is involved in mediating the effects of reinforcement and is fundamental in initiating and maintaining behaviours important for survival'.

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Evidence from animal studies - Behaviours such as consuming food and alcohol that we enjoy doing kick start the brain reward system - Particular neuron circuits light up during pleasure - neuron transmitter is dopamine (feel good hormones that give a pleasurable feeling - from MRI studies) that produces euphoria and reinforces the behaviour to be repeated (how addictive behaviours are maintained and reinforced).

Is the disease model the only explanation for our question? The most important causes of addictive behaviour are psychological in nature and not biological. Robins (1979) importance of social setting on drug taking.

Social learning theory 'addiction is a learned behaviour and is the result of observation and modelling (social and family interaction)'

The individual: personality traits (Sher et al 1991; Terracciano et al, 2007; Wilson et al., 2010) low self-esteem, sensation-seeking, impulsivity, vulnerability, openness to experience, agreeableness and conscientiousness. Is there an addictive personality? Other high risk factors: permissive family attitudes to addictive behaviours. Addictive behaviours by parents or family members. Low commitment to school. Early peer rejection (alienation), attitudes favourable to addictive behaviours. Early onset of the behaviour - underlying depression, anxiety.

The environment: the cultural context and customs underpinning the addictive behaviour. Extreme economic deprivation (mainly for drug addiction) 'heroin is the ideal drug for the unemployed'. Substance cost and availability - the most significant predictor of use and peer associations.

Family interaction model (Baer et al 1987) higher risk through: deficits in <https://assignbuster.com/can-psychological-theories-be-compatible-with-one-another/>

parenting, family tension, rejection, emotional distancing and parental alienation.

The behaviour: once learned, addiction is maintained through cognitive factors, expectancies and cues. Operant Conditioning (Skinner), Classical Conditioning (Pavlov)

Examples of factors reinforcing an addictive behaviour: positive reinforcement associated with: the psychopharmacology of the drug (relevant to substance addiction), crucial importance of the role of the dopaminergic system (reward), the social aspect of the behaviour - peer recognition, group identity, cultural norms etc. Negative reinforcement associated with: avoidance of withdrawal symptoms, some drugs/behaviours alleviate psychological distress/trauma, relief of boredom, coping with poor living conditions etc.

Protective factors: a supportive family environment, a caring relationship with at least one adult, positive temperament, a social support system that encourages effort.

So what causes addiction? Is addiction a disease? Is addiction a social learning phenomenon? Can both biological and psychological theories explain addiction?

How well does the explanation (theories of addiction) match the ontology? Do methods of gathering evidence support the explanation? Are methods compatible, conflicting or co-existing? What does this say about the nature of psychology?

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## Stress, Family Environment, and Multiple Substance Use Among Seventh Graders

P. E. Baer, R. J. McLaughlin, M. A. Burnside, A. D. Pokorny, and L. B. Garmezy Baylor College of Medicine. *Psychology of Addictive Behaviours*. 1987, Vol. 1, No 2. 92-103

Seventh graders reported using more alcohol, nicotine, or cannabis, singly or in combination, if they also reported having more stressful events occurring in their lives. This was the case whether the stressful events were of major proportion; Major life stressors had consistently a more reliable relationship to substance use than the minor irritants when the number of events that had occurred was considered. From a qualitative point of view, the troublesomeness of daily irritants retains an independent relationship with usage apart from the frequency of stressors and does so apart from the correlation of usage and anxiety. Family support and stressors independently relate to substance usage.