,

*Critical Note - the following ERQ exceeds the recommended word count for ERQs which is 1200 maximum. This is because it is written for teaching purposes and not to be memorised for the paper.

Do watch the video below to understand this approach and learn how to bring down the answer to the correct word count-

https://youtu.be/jH Fr lqYLk?si=JQ2DiMFeRzcezTpN

Q. Contrast the biological approach and the sociocultural approach to understanding the aetiology of abnormal psychology.

Ans.

Contrasting two approaches to the aetiology of abnormal psychology requires an understanding of how each approach defines and accounts for the causes of psychological disorders. The biological approach explains that psychological disorders are mainly influenced by genetic, neurobiological and physiological factors. On the other hand, the sociocultural approach explains that psychological disorders arise from social, environmental and cultural influences. The present essay contrasts these approaches with a focus on the psychological disorder of depression. The biological approach to depression is illustrated using the study by Kendler et al. (2006) which highlights how genetic factors contributed to the heritability of depression. Simultaneously, the sociocultural approach is discussed with the help of the Brown and Harris (1978) study showing how social factors can increase the risk of developing depression in women.

In contrasting the biological and sociocultural etiologies of depression, the issue of reductionism versus holism becomes evident. The biological approach can be considered to be reductionist as it breaks down the complex disorder into simpler biological factors such as genetic predispositions, neurochemical imbalances and brain structure abnormalities. It then seeks to understand the disorder through these isolated elements. Undoubtedly, it serves to elucidate the biological mechanisms of depression but it also then neglects the role of broader social and environmental contexts in the disorder. On the other hand, the sociocultural approach adopts a more holistic perspective. It considers how social, environmental and cultural factors interact to contribute towards depression. It therefore, takes a more integrated view of depression as compared to the biological approach.

These researchers investigated how genetic factors contribute to heritability of major depressive disorder (MDD) by examining heritability rates in twins. Upon assessing data of 42,000 twins registered in the Swedish Twin registry, they found that heritability of MDD was significantly higher in women, at a heritability rate of 42% and lower in men, with a heritability rate of 29% amongst monozygotic twins. Thus, the study provided valuable insights into the contribution of genes in depression but it did not account for the social and environmental factors interacting with these genes to ultimately cause depression. After all, the heritability rates were not found to be perfect amongst the twins, suggesting that the genetic explanation is not by itself sufficient in accounting for MDD entirely.

In contrast to this, the holistic nature of the sociocultural approach is demonstrated in the study by Brown and Harris. In this survey study, researchers investigated the role of several sociocultural factors such as social stressors and life events, and their combined role on the risk of depression in women. Gathering data from 458 women in London, the researchers found that four vulnerability factors when combined with acute and chronic social stressors provoked depression in women. These included having three or more children under the age of 14, lacking an intimate relationship with a husband or boyfriend, lack of employment and loss of mother before age 11. Thus, as compared to the study by Kendler et al., this study gave a comprehensive view that integrates various aspects of individuals' lives and environments.

In the context of the reductionism versus holism debate, the research by Kendler has the merit of using a very large sample of thousands of twins and obtaining their actual data from the Swedish Twin registry, using DSM-IV criteria and computer assisted interviews. This design strengthens the reliability of genetic findings towards depression, given that findings obtained from such a large sample and using credible methods are likely to be true. However, the investigation of genetic factors alone and that too, only correlationally, does limit the understanding of environmental and social factors as they contribute to the disorder. Genes might be one of the contributing factors to depression but since they haven't been manipulated while holding other potential factors constant, they cannot be assumed to be standalone causes of depression. Along similar lines, the Brown and Harris study also has the merit of using a large sample of hundreds of women and investigating real factors contributing to their mental condition through the use of a survey. This gives ecological validity to the argument that the sociocultural approach to depression is holistic. Nevertheless, it can also be accused of not addressing the role of biological factors in depression, reducing its holistic approach to an extent. Finally, the findings of both studies taken together attest to the fact that psychological disorders like depression are best understood holistically, giving due to consideration to the biopsychosocial factors that result in them.

Biological and sociocultural approaches to depression can also be contrasted with respect to the methodological and ethical considerations in the research that supports them. The biological approach commonly makes use of twin studies for the investigation of genetic influences on psychological disorders like depression. Twin studies tend to be very simplistic in that they examine heritability rates through comparisons of monozygotic twins that share 100% of their DNA and dizygotic twins that share only about 50%. Any higher concordance rates found in monozygotic twins is then attributed solely to their perfectly shared genetic makeup, under the assumption that the environment is shared by both monozygotic and dizygotic twins. This assumption gives twin studies the advantage of bringing about realistic but controlled comparisons of concordance rates. On the flip side, however, they do overlook the complexity of gene-environment interactions which can only be brought about by more sophisticated research methods like gene-environment interaction studies. Ethically, these studies raise concern about labelling and stigmatisation. In the case of depression, their results can lend support to the largely held view that depression is determined by genetic factors, causing people to be labelled as genetically predisposed to depression.

Sociocultural studies come with their own set of methodological and ethical considerations. This approach often makes use of self-report investigation such as surveys and interviews that help study experiences of people contributing to disorders such as depression phenomenologically. This is opposed to the use of objective techniques such as finding heritability or concordance rates without inquiring about the personal experiences of people in the biological approach. The use of self-report is arguably the most credible means of studying experiences as people suffering from disorders are themselves in the best position to describe how they interpret and respond to them. Nevertheless, this methodology opens the doors for biassed responses as people can often over- or under- report their sociocultural experiences in a bid to win the sympathy of researchers or the public at large; or out of sheer denial of how vulnerable they are to external influences. Such issues cast doubt on the validity of these methods. Ethically, research into the sociocultural approach has been questioned for raising sensitive social issues. As opposed to the biological approach which has the potential for causing stigmatisation when results are revealed to the society at large, the sociocultural approach can cause psychological harm in the form of emotional distress to participants of research. Having to answer questions about trauma or harassment faced in society or being the victims of cultural stereotyping, prejudice and discrimination can be disturbing for respondents of surveys and interviews; even though such results can bring about benefits to larger society by suggesting where the potential for sociocultural improvement lies.

The above methodological and ethical considerations of the approaches are exemplified in the studies discussed earlier. The Kendler et al. study was a large-scale twin study that contrasted monozygotic and dizygotic twin concordance rates to calculate the heritability of depression. The Brown and Harris study was a large-scale self-report survey study of the sociocultural factors making the women of London vulnerable to depression. The Kendler study managed to establish heritability rates of depression in men and women by using the objective technique of analysing data available in the Swedish national registry to derive these rates. The use of DSM-IV diagnostic criteria and computer-assisted interviews, as noted earlier, further eliminated any potential subjectivity that could arise from direct contact between researchers and participants in the results. Thus, the use of bias-free methods of the biological approach is directly evidenced in this study. However, it also serves to throw light on the criticism that the studies of this approach are limited in scope as the researchers did not conduct any interviews nor surveys to investigate what psychosocial factors could account for depression beyond that explained by heritability in the twins. Ethically, too, the concern of labelling is prominent in the study as suggesting that depression is heritable, more so in women than men, can result in stigmatisation of an entire gender as being predisposed to the disorder.

Relatedly, the Brown and Harris study showed the strength of using self-report as a methodology in sociocultural investigation of disorders. Asking women directly about stressors in their lives and also about protective factors such as how close they were to their husband or children was sensible as the women themselves could best report what they were undergoing in their lives. However, over- or under-reporting of symptoms are potential problems in the study as the women may have exaggerated symptoms to gain sympathy for the hardships they were facing at home and at work; or they may have underplayed symptoms to an extent to create an impression of being able to balance home and work lives well. Such issues with self-reporting make it difficult to conclude with certainty that indeed socio-cultural issues faced by women make depression more common in them. Ethically also, the study could have caused emotional distress to the women, given the type of questions asked to them on sensitive matters relating to stressors, financial hardships, level of intimacy with their partners, etc.

In sum, a contrast between biological and sociocultural approaches to the aetiology of depression reveals distinct yet complementary approaches to psychological disorders. The biological approach as illustrated by the Kendler et al. study gives valuable insights into the physiological underpinnings of depression. Nevertheless, its reductionist approach ignores larger sociocultural forces and their complex interaction with biological forces at play. On the other hand, the sociocultural approach as seen in the Brown and Harris study gives depth and context to the disorder by looking at sociocultural stressors faced by women but at the same time neglects biological mechanisms underpinning the disorder. In the larger picture, both approaches possess their own strengths and weaknesses whose integration can lead to a more effective understanding of psychological disorders. Developing multifaceted treatments would be the achievement of such an integration, increasing the scope of recovery of patients. Ultimately, the contrast between the two approaches underscores the importance of considering both the internal and external factors in the study of abnormal psychology.

Lesson prepared by:

Jyotika Varmani (M.A. Psychology Honours, NET, SET, PGDHE)

CIE A-levels Psychology Teacher - Modern College, Mauritius

CIE A-levels Psychology Subject Expert - Podar International, Mumbai

8+ years experience in private tutoring for CIE, IB, AQA, Edexcel Psychology

Owner of 'Excelling Psychology' online

Visit Jyotika Varmani's complete profile at
https://www.teacheron.com/tutor-profile/1KH

