Emotional characteristics of phobias

**Anxiety:**
Unpleasant state of high arousal.
Prevents relaxation – difficult to experience positive emotions.
Anxiety can be long term, fear is immediate and unpleasant – encountered when we see or think about the phobic stimulus.

**Unreasonable emotional responses:**
Emotional responses to phobic stimuli are unreasonable.
e.g. Phobia of spiders creates strong responses to tiny/harmless spiders.
**OCD:** condition characterised by obsessions and/or compulsive behaviour.

**Obsessions:** uncontrollable persistence of an idea or emotion in the mind.

**Compulsions:** psychological and irrational force that makes somebody do something, unwillingly.

**Behavioural characteristics of OCD**

**Repetitive compulsions:** Compelled to repeat a behaviour e.g. Hand washing, counting, praying, ordering/grouping objects.

**Anxiety-reduction compulsions:** General sense of irrational anxiety. Vast majority of compulsive behaviours are performed in an attempt to reduce anxiety produced by obsessions. e.g. Compulsive hand washing – response to fear of germs.

**Avoidance:**
Attempt to reduce anxiety – keeping away from situations that trigger it. Try to manage by avoiding triggering situations. Avoidance can lead to avoiding ordinary situations – can interfere having a normal life.

e.g. Compulsive hand washers avoid coming into contact with germs.
Cognitive approach to treating depression

Supporting studies:

Newark et al. 1973:

**Method:** Two groups of participants were asked if they agreed with the following statements Ellis identified were irrational.

a) *Is it essential that one be loved or approved by virtually everyone in the community.*
b) *One must be perfectly competent, adequate and achieving in order to consider oneself worthwhile.*

One group were people who had been diagnosed with anxiety, the other group had no psychological problems (‘normal’).

**Results:** 65% of the anxious participants agreed to statement a (2% non-anxious).

80% agreed with statement b (25% non-anxious).

**Conclusion:** People with emotional problems think in irrational ways.

Drug treatments:

**Keller et al (2000):**

Recovery rates from depression:

-55% drugs alone
-52% CBT alone
-85% when used together

Suggests CBT is effective when paired with antidepressants.
Biological approach to explaining OCD

Neural explanation: Evaluation:

Strengths:

- Studies show that neural systems of decision making are the ones that function abnormally in OCD (Cavedini et al 2002).
- Some supporting evidence that supports the role of neural mechanisms in OCD, e.g. Some antidepressants work purely on the serotonin system – increasing the levels – and are effective in reducing symptoms – suggesting serotonin is involved. Explanatory power.
- OCD symptoms form part of other biological origin conditions – Parkinson’s disease (Nestadt et al 2010) suggesting biological processes cause symptoms in those conditions and may be responsible for OCD.
- Evidence to suggest various neurotransmitters and structures do not function normally in OCD patients.

Weaknesses:

- It has been identified that other brain systems may sometimes be involved – no system has been found to always play a role in OCD – cannot claim that are involved.
- It is not the same as saying it causes it – biological abnormalities may be a result of OCD rather than the cause.
Biological approach to explaining OCD

Overall evaluation:

Weaknesses:

- The link between serotonin and OCD may just be co-morbidity with depression – people with OCD can become depressed – depression involves the disruption to the serotonin system – so could simply be OCD patients are depressed as well.

- Twin studies are flawed – assumes that identical twins are only more similar in terms of genes, overlooking the fact that they are also more similar in terms of environment (non-identical are more likely to be boy-girl – different experiences). Identical twins are more likely to share the same room. Be treated similarly, have the same clothes/be dresses the same – the greater the similarity of the environment may account for the greater likelihood of them both having OCD than non-identical.

Co-morbidity: Two disorders together.
Biological approach to treating OCD

Strengths:

- **Non-disruptive**: no need to engage in work involved in psychological treatment – passive treatment – tablet form.
- **Evidence for effectiveness**: effective in reducing the severity of symptoms. Has a greater effect when paired with psychological treatments.
- **Soomro et al 2009**: looked at 17 studies comparing SSRIs to placebo treatment – found that SSRIs are significantly more effective – 70% had a decline in symptoms – better results than the placebo conditions.
- **Explanatory power**: If placebos do not have an effect it must mean that serotonin could be the cause of OCD – that OCD has stronger biological components. Treatments works so approach must be correct.
- **Cost and time effective**: Cheaper compared to psychological treatments, more accessible. Beneficial for public health systems – NHS – as they cost money to buy. Does not take up their time like CBT will.

Weaknesses:

- **Takes around 3-4 months** for them to take effect – in this time they could stop taking them due to side effects/ because they think they do not work.
- **Side effects**: indigestion, blurred vision, headaches, irritability, sleep disturbances, loss of appetite.
- **Clomipramine**: weight gain, aggression, blood pressure and heart problems.
- **Bias evidence**: Research that supports the effectiveness of drug therapies are often funded/sponsored by drug companies (may not report all findings).
- **Trauma**: OCD may be a result of trauma (not biological) therefore a biological treatment might not have an effect/ not the right type of therapy.
- **In Soomro’s study**: 30% were not effected by the SSRIs – not effective for all.