OCD & Anxiety Disorders: Crash Course Psychology #29

Crash Course: Psychology
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Ever heard a really good joke about polio? Or made a casual reference to someone having hepatitis? Or maybe teased your buddy by saying he has muscular dystrophy? Of course you have never done that, because you are not a terrible person. You'd never make fun of someone for having a physical illness, but folks make all kinds of offhand remarks about people having mental illnesses and never give it a second thought.

How often have you heard a person say that someone's psycho, or schizo, or bipolar, or OCD? I can pretty much guarantee that the people who used those terms had no idea what they actually meant. We've talked about how psychological disorders and the people who have them have often been stigmatized. But at the same time, we tend to minimize those disorders, using them as nicknames for things that people do, think, or say, that may not exactly be universal, but are still basically healthy.

And we all do it, but only because we don't really understand those conditions. But that's why we're here, because as we go deeper into psychological disorders, we get a clearer understanding of their symptoms, types, causes, and the perspectives that help explain them. And some of the most common disorders have their root in an unpleasant mental state that's familiar to us all: anxiety.

It's a part of being human, but for some people it can develop into intense fear, paralyzing dread, and ultimately turn into full-fledged anxiety disorder. Defining psychological disorders again: a deviant, distressful, and dysfunctional pattern of thoughts, feelings, or behaviors that interferes with the ability to function in a healthy way.

So when it comes to anxiety, that definition is the difference between the guy you probably called phobic because he didn't like Space Mountain as much as you did, and the person who truly can't leave their house for fear of interacting with others. It's the difference between the girl who's teased by her friends as being OCD because she does her laundry every night and the girl who has to wash her hands so often that they bleed.

Starting today, you're going to understand all of those terms you've been using.

(Intro)

We commonly equate anxiety with fear, but anxiety disorders aren't just a matter of fear itself. A key component is also what we do to get rid of that fear. Say someone almost drowned as a kid and is now afraid of water. A family picnic at the river may cause that anxiety to bubble up, and to cope, they may stay sequestered in the car, less anxious but probably still unhappy while the rest of the family is having fun.

So, in clinical terms, anxiety disorders are characterized not only by distressing, persistent anxiety but also often by the dysfunctional behaviors that reduce that anxiety. At least a fifth of all people will experience a diagnosable anxiety disorder of some kind at some point in their lives. That is a lot of us.

So I want to start out with a condition that used to be categorized as an anxiety disorder but is now considered complex enough to be in a class by itself, Obsessive-Compulsive Disorder or OCD. You probably know that condition is characterized by unwanted repetitive thoughts, which become obsessions, which are sometimes accompanied by actions, which become compulsions. And it is a great example of a psychological disorder that could use some mental-health myth busting. Being neat, and orderly, and fastidious does not make you OCD.

OCD is a debilitating condition whose sufferers take normal behaviors like, washing your hands, or double checking that you turned off the stove and perform them compulsively. And they often use these compulsive, often ritualistic behaviors to relieve intense and unbearable anxiety. So, soon they're scrubbing their hands every five minutes, or constantly checking the stove, or counting the exact number of steps they take everywhere they go. If you're still unclear about what it means for disorders to be deviant, distressful and dysfunctional, OCD might help you understand. Because it is hard to keep a job, run a household, sit still, or do much of anything if you feel intensely compelled to run to the kitchen twenty times an hour. And both the thoughts and behaviors of OCD are often driven by a fear that is itself obsessive, like if you don't go to the kitchen right now your house will burn down and your child will die which makes the condition that much more distressing and self-reinforcing.

There are treatments that help OCD including certain kinds of psychotherapy and some psychotropic drugs. But the key here is that it is not a description for your roommate who cleans her bathroom twice a week, or the guy in the cubicle next to you, who only likes to use green felted pens. And even though OCD is considered its own unique set of psychological issues, the pervasive senses of fear, worry, and loss of control that often accompany it, have a lot in common with other anxiety disorders.

The broadest of these is Generalized Anxiety Disorder or GAD. People with this condition tend to feel continually tense and apprehensive, experiencing unfocused, negative, and out-of-control feelings. Of course feeling this way occasionally is common enough, but feeling it consistently for over six months, the length required for a formal diagnosis, is not. Folks with GAD worry all the time and are frequently agitated and on edge, but unlike some other kinds of anxiety, patients can't identify what's causing the anxiousness, so they don't even know what to avoid.

Then there's Panic Disorder, which affects about 1 in 75 people, most often teens and young adults. It's calling card is Panic Attacks or sudden episodes of intense dread or sudden fear that come without warning. Unlike the symptoms of GAD which can be hard to pin down, Panic Attacks are brief, well-defined, and sometimes severe bouts of elevated anxiety. And if you've ever had one, or been with someone who has, you know that they call these attacks for good reason. They can cause chest pains and racing heartbeat, difficulty breathing and a general sense that you're going crazy or even dying. It's as awful as it sounds.

We've talked a lot about the body's physiological fight or flight response and that's definitely part of what's going on here, even though there often isn't an obvious trigger. There may be a genetic pre-disposition to panic disorder, but persistent stress or having experienced psychological trauma in the past can also set you up for these attacks. And because the attacks themselves can be downright terrifying, a common trigger for panic disorder is simply the fear of having another panic attack. How's that for a kick in the head? Say you have a panic attack on a bus, or you find yourself hyperventilating in front of dozens of strangers with nowhere to go to calm yourself down, that whole ordeal might make you never want to be in that situation again, so your anxiety could lead you to start avoiding crowded or confined places. At this point the initial anxiety has spun of into a fear of anxiety which means, welcome you've migrated into another realm of anxiety disorder, Phobias.

And again this is a term that's been misused for a long time to describe people who, say, they don't like cats, or are uncomfortable on long plane trips. Simply experiencing fear or discomfort doesn't make you phobic. In clinical terms, phobias are persistent, irrational fears of specific objects, activities, or situations, that also, and this is important, leads to avoidance behavior. You hear a lot about fears of heights, or spiders, or clowns, and those are real things. They're specific phobias that focus on particular objects or

situations. For example, the Chesapeake Bay Bridge in Maryland is a seven-thousand meter span that crosses the Chesapeake Bay, if you want to get to or from Eastern Maryland that's pretty much the only way to do it, at least in a car, but there are thousands of people who are so afraid of crossing that bridge that they simply can't do it. So, to accommodate this avoidance behavior, driver services are available. For $25 people with gephyrophobia, a fear of bridges, can hire someone to drive themselves, and their kids, and dogs, and groceries across the bridge in their own car, while trying not to freak out. But other phobias lack such specific triggers, what we might think of as social phobia, currently known as social anxiety disorder, is characterized by anxiety related to interacting or being seen by others, which could be triggered by a phone call, or being called on in class, or just thinking about meeting new people.

So you can probably see at this point how anxiety disorders are related and how they can be difficult to tease apart. The same thing can be said about what we think causes them. Because much in the same way anxiety can show up as both a feeling like panic, and a thought, like is my kitchen on fire there're also two main perspectives on how we currently view anxiety. As a function of both learning, and biology. The learning perspective suggests that things like, conditioning, and observational learning and cognition, all of which we've talked about before best explain the source of our anxiety. Remember our behaviorist friend, John B. Watson and his conditioning experiments with poor little Albert, by making a loud scary noise every time you showed the kid a white rat, he ended up conditioning the boy to fear any furry object, from bunnies, to dogs, to fur coats. That conditioning used two specific learning processes to cement itself in Little Albert's young mind. Stimulus Generalization, expanded or generalized his fear of the rat to other furry objects, the same principle holds true if you were, like, attacked by your neighbors mean parrot and subsequently fear all birds. But then the anxiety is solidified through reinforcement, every time you avoid or escape a feared situations, a pair of fuzzy slippers or a robin on the street, you ease your anxiety, which might make you feel better temporarily, but it actually reinforces your phobic behavior, making it stronger.

Cognition also influences our anxiety, whether we interpret a strange noise outside as a hungry bear, or a robber, or merely the wind, determines if we roll-over and keep snoring, or freak out and run for a kitchen knife. And we might also acquire anxiety from other people through observational learning. A parent who's terrified of water may end up instilling that fear in their child by violently snatching them away from kiddie pools or generally acting anxious around park fountains and duck ponds. But there're also equally important biological perspectives. Natural selection, for instance, might explain why we seem to fear more potentially dangerous animals, like snakes, or why fears of heights or closed in spaces are relatively common. It's probably true that our more wary ancestors who had the sense to stay away from cliff edges and hissing serpents were more likely to live another day and pass along their genes, so this might explain why those fears can persist, and why even people who live in places without poisonous snakes would still fear snakes anyway.

And then you got the genetics and the brain chemistry to consider. Researchers shown for example that identical twins, those eternal test subjects, are more likely to develop phobias even if they're raised apart. Some researchers have detected seventeen different genes that seem to be expressed with various anxiety disorders. So it may be that some folks are just naturally more anxious than others and they might pass on that quality to their kids. And of course individual brains have a lot to say about how they process anxiety. Physiologically, people who experience panic attacks, generalized anxiety, or obsessive compulsions show over-arousal in the areas of the brain that deal in impulse control and habitual behaviors. Now we don't know whether these irregularities cause the disorder or are caused by it, but again, it reinforces the truism that everything that's psychological is simultaneously biological. And that holds true for many other psychological disorders we'll talk about in the coming weeks, many of which have names that you've also heard being misused in the past.

Today you learned what defines an anxiety disorder, as well as the symptoms of obsessive compulsive disorder, generalized anxiety disorder, panic disorder and phobias. You also learned about the two main perspectives on the origins of anxiety disorders, the learning perspective and the biological perspective and hopefully you learned not to use "OCD" as a punch line from now on.

Thanks for watching, especially to all of our Subbable subscribers who make Crash Course available to them and also to everyone else. To find out how you can become a supporter just go to subbable.com/crashcourse. This episode was written by Kathleen Yale, edited by Blake de Pastino, and our consultant is Dr. Ranjit Bhagwat. Our director and editor is Nicholas Jenkins, the script supervisor is Michael Aranda who is also our sound designer and the graphics team is Thought Café.