Psychology of Everyday
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Lecture – 12
Mental Health Issues of Adults – III

So, Professor Braj let me tell you something when we ended on anxiety, see lot of psychiatry where we diagnose and then we pick up drugs from certain group of medicines based on our knowledge on what receptors they act and what causation happens through what recept what neurotransmitted disturbance. Let me confess they are very effective antidepressants, but in fact, we do not have really specific anti-anxiety drugs.

Hm.

There are drugs like something called buspirone, but most of the anti-anxiety drugs are drugs which belong to group called benzodiazepine to which belong they also cause sleep and alprazolam and they are the more clonazepam, lorazepam all this bromazepam is very commonly known. You know these drugs are very effective in controlling anxiety, but they also have lot of sleepiness. And so, one place where psychology and psychiatry intersect in a very clear manner is this group of disorders called anxiety disorders.

Because most of the therapies and this is the group where lot of psychologically-based non-pharmacological therapeutic interventions have been evolved, cognitive behavioral therapy.

Hm.

And relaxation and exposures pulse prevention right. So, how do you conceptualize the whole management of anxiety disorder by

In fact

within the realms of psychology?

In fact, in the previous discussion when you refer to the fact that our brain is basically designed to predict things and it would like to minimize chaos as far as possible.

Right.

Now, despite my best effort, if I am still in the state of chaos, then the predictability reduces.

Right.

And the moment you realize that clarity is being compromised anxiety is bound to precipitate because our basic tendency is to have as much control over the situation as possible.

Or it is perceived control.

Perceived control of course, when I say control its purely perceived control.

Perceived control.

Whereas ultimately when you understand it when you become more philosophical and you say that you do not basically control anything.

Right.

You are being controlled.

Absolutely.

And things which goes well then we say that you are able to control and things were you realize that you are not able to control, you think that ok.

So,

Somebody else was controlling.

it is more of a rationalizing then.

Exactly. In psychology you know they even use different parallel they say know that you have an internal and external locus of control.

Right.

And many things in psychology have been attributed to internal and external locus of control which has to do with even the kind of anxiety or depressive episodes, several such kind of behavioral operations where you realize that the very fact that you were not able to prioritize things of life and you, therefore, you messed up the events of your own life which in turn made life far more chaotic and the degree of chaos lead to blurred clarity. And the more blurring started taking place, the more anxiety you start deriving out of it.

Absolutely.

Because you realized it you are not able to have that control over situation. Another thing that you also mentioned in our previous discussion that, in the modern time the expectation has changed.

So, people by default would have had anxiety even in the old time also, but then the situation was not so, demanding. As you said you used a very interesting phrase know that we were moving in the life at a very slow pace.

Slow pace.

So, slow pace changes would of course, not be very demanding. It will allow you this scope to reorient and readjust. In high pace you do not have that option. Say for instance like you deal very much with child and adolescence in the clinic; recently I heard from a school going girl 8 or 9 years of age, class 2 or 3 where the teacher says that I will not repeat it if you do not understand.

So, if I give that kind of a precondition to the child right in the beginning, that I am not going to repeat it and therefore, it is the onus lies on you to understand rather than professionally admitting that the owners lies

With me.

on me that I have to make you understand whether you ask one time for you ask hundred times, but I will definitely make it clear to you. Society many a times you realize in the modern times also has put things this way that the onus lies on you to do this and if you

are an outlier. Or if you are a person with minimal achievement on those criteria, then you are simply flushed out because then the scenario will change and then you will have to readjust by the time you adjust the scenario will further change.

So, you start gradually realizing that I am a miss fit.

Right.

And the more I feel that I am a miss fit, I also start the arriving a feel that I am incompetent and my again my perceived inability with combined with the lack of control that I now experience is bound to make me very anxious.

Now, the only difference would be at what point in time should a common man decide that this degree of anxiety is beyond me and I should visit a consultant psychiatrist and with within this framework still things are manageable and again as we were talking right now that, mobilization of group resource is always a better idea especially in a collectivist culture like ours.And the other aspect of anxiety-like performance anxiety was something that we closed up with

Yes.

in the previous round of discussion, now performance anxiety by default is supposed to be a positive attribute.

Yes.

I have perceived anxiety or I should say at perceive perception of underperformance which makes me practice more. So, I study well I prepare myself better and because I prepare myself better so, therefore, when as you were saying know when I read the first question I am anxious for a while, but then I regain my control over things. So, the answer is starts pouring down the rational the logic comes, how to sequence it.

Yes.

All those things come. If I do not have that if performance anxiety is completely absent in me, then I would still indulging all other kinds of things besides preparing for the exam. And therefore, my degree of preparedness would be compromised.

Absolutely.

If I have a compromise degree of preparedness in by default my performance will also decline.

(Refer Time: 08:37).

So, human brain would have realized after few pitfalls that it is good to be anxious if you want to perform better because after performance the positive result that you get that is far more rewarding compared to what you lose when you experience performance anxiety. So, little bit of anxiety here giving you a huge gain after you have performed.

Yes.

So, a stage performance, performance in examination all kinds of situations; so, this is the positive side of anxiety. Now of course, the clinical practitioners would look at panic anxiety frequent episodes of those panic attacks.

Right it may be with phobia.

May be with phobia and also when you have adjustment disorder

Right.

which combines with anxiety with depressed mood state and things like that.

Most psychologist their bread and butter is actually these anxiety disorders

of

Many psychologist might not agree with this.

yeah because they;

But yes.

very few work with schizophrenia.

Exactly.

Very few personality disorder yes, but their largely undiagnosed. So, phobias anxiety and something like which is very common these days. I do not know the it is the improvement in diagnosis or the real incidence of this illness is gone up, is something call obsessive-compulsive disorder.

Yeah.

Because the number of people we see with; obviously, a definitions of OCD is also change and it is widely encompassed. So, OCD has become very common. And I think when we tell OCD to people, they would recognize it. OCD is the very common illness these days at least where obsessions which by definitions are repetitive thoughts from your own head, they are not in a general scheme of things that is their ego-dystonic and are repetitive intrusive.

An any attempts so, fight them create sort of anxiety. They are obsessions and the action which we do because of this which can be because of the yielding to the obsession which is called yielding compulsions or to control it.

This is called obsessive-compulsive disorder very frequent in youngster it is gone up. So, the core symptoms of OCD which we knew were like washing, again and again, checking the lock again and again, but now it has expanded to being in ambivalent thought process which leads to slowness.

Any thought obsessive rumination can doubts impulses. So, the type of a stuff which we see is people who wash their hands and they their mind says this is not wash cleanly they will do it again they will do a certain number of time.

A wash clothes repetitively and or check the lock and their mind will tell its not lock they will go and check again or some people keep adding and subtracting a number to get a certain number or they have to do certain things in a certain number of time, when they or symmetrical arranging things on the table. Or when they going to the mind get stuck whether to do this way or this way that causes obsessive slowness. Some people get this obsessive impulses that as if they murder somebody, they will not or blasphemous obsession in they see gods picture and all sexual thoughts keep coming in. So, their thoughts which are not in a general scheme of things that is their ego-dystonic; their

intrusive that take lot of time in keep coming again and again and people when they have OCD they just cannot function because all the time is gone and controlling these thought.

So, compulsions either you yield that you have to wash again and again or some people to control this unnecessary obsessive thoughts will start counting or taking God's name or so on and so forth.

Now this obsessive-compulsive disorder that really malignant illness; if you ask me its misophonia. If you talk with a psychotic illness where people lose touch with reality or either having hallucination; that means, perceiving a stimulus which is not there or in false fix believe, they have lot of social and occupational impairment that has become is a more treatable illness. Obsessive-compulsive disorder troubles because people full inside into it.And they just cannot then their mind no leads irrational, but they just cannot stop it.

So, the psychological interventions have come up in a really big way.

That is true that is true.

In depression as well as OCD especially things like exposure and response prevention, the exposure in vivo cognitive behavior therapy for OCD and many others.

So, and of course, very effective medicines now the medicine which work on OCD obsessive-compulsive disorder also work on depression. Often there is a secondary depression in OCD, there will be nobody who can live happily when you are doing all these things.

So, what is the take on this big thing call OCD where psychological therapies have been evolved do, they is the understanding different in some way or it is just based on the symptomatology and how does it?

Psychology the way it looks at OCD does not look at it based on the symptoms rather psychologist would prefer to look at things from the actual source of those kinds of ideas. For instance, if I am looking at somebody, who has that dominant thought of dirt;

Right.

who thinks that there is a chance of contamination, there is excessive amount of dirt that needs to be cleaned and this leads to the action of cleaning exercises either washing hands or repeatedly washing clothes or a washing the clothes multiple times. Now this is the apparent side of it that I have this kind of an idea which culminates into a certain kind of action.

Psychologically one would look at that what is the source of this fear. Why is it that I am apprehensive about some kind of contamination? So, again it boils down to the daily life experience the psychology of everyday that my own acts when I look at them there is a source somewhere there which triggers a fear in me that I am making myself vulnerable.

Right.

And when this idea gets strong enough, it starts coming up in the form of a repetitive thought which again culminates into a repetitive action; what we call as the OCD. But this OCD I think is it has some issues because say repeated washing and leading to dryness of a skin and other kind of medical conditions that it might lead to. But if you look at the social side of it; say for instance x having OCD a visits the house of y for dinner and washes hands multiple time, it will be embarrassing for the family members.

Absolutely.

Right, otherwise there is no harm in washing hands twice also. If one feels that one should wash hand twice fine let the person do it, but then your inner struggle which is a emerging out of fear and your inner struggle to contain it and your inability to do so resulting into the action of repeatedly washing it. That is where the problem lies for the individual and the embarrassment to the near once that this person is behaving abruptly; abnormally. People would laugh at him or her and thereby they would extend that to us also. This again combines with their real-life situation, but the problem of OCD becomes little more intense when one encounters unwanted thoughts say which are aggression. It could be unwanted thought related to sexual desires. Then you realize that these obsessive thoughts are not so, simple. Even for individual or for the clinician and of course, very difficult for the family. For family is not only embarrassment, but then it becomes for more challenging because then your outcome behavioral outcome will be also evaluated with respect to the social appropriateness.

Washing hand fortunately does not invite that much of social appropriateness whereas, aggression and sexual desires would have that element of a social appropriateness in the behavioral.

Right. It is lot of OCD patients have aggression. Probably now I can play said that lot of the aggression comes from this social pressure rather than because the more the social pressure the more they will try to resist and any attempts to resist that is like paying more attention to it.

Yeah.

More attention you pay, the more you fight with it and the higher anxiety. So, that aggression is probably not the anger aggression. It is more generated out of anxiety. So, let me put in a simpler psychological terms not beginning in the psychological jargon of understanding the psychological model of OCD, are we saying that it is actually the fear and the guilt of not fitting into the right thing which leads to all these its increases the obsessions. Fear is there like suppose somebody gets a blasphemous obsession. So, it is say rational fear its irrational thought, but what is immediately associated with it is the fear of going against God. And on the other hand because our minds are trained to not think so, that guilt or the sexual obsessions which come for the family members or the impulse that I may jump. So, is it that the fear and guilt maintain the obsessions?

I think.

Whether itself may be arising

I think.

because of whatever (Refer Time: 20:12).

I think they play the cardinal role; they are the axis around which rest of the symptoms would float.

Yes.

And had this guilt component not been very strong. Then I think OCD would not have taken the kind of

Yes.

shape that it takes in most of the patients.

Right.

Especially those who have blasphemy and aggressive kind of about.

Right.

So, contamination these things looks simpler on the surface.

Yes, that was a very simple.

But then the source

Simple option,

which leads to this fear of contamination

right.

that might be still have an association with guilt.

Yeah because

Fear and guilt do play a very central role here.

you know they something called (Refer Time: 20:58) syndrome where women some women there it is actually an obsession and compulsion, but it gets very well absorbed in their family where they keep on cleaning and keeping everything intact, everybody who comes has to wash hands if you touch that they have to. So, lot of these things have been absorbed.

In fact, very nicely you refer to this many people we find in many houses especially the women who have the responsibility of maintaining cleanliness of the house though; they put things in order. So, glasses are to be kept at this place, cups are to be kept at this place.

Now, one can think that I am maintaining certain degree of order or asymmetry which is maintained in my house. Now, those symmetry has to do with the objects, similarly they are behavioral symmetries that you tend to maintained you know like put your slippers there.

Right.

Hands have to be washed

Right.

wash it twice.

Right.

Do this do that and most of these things are it gives you a sense as if you are maintaining a great degree of symmetry in the day to day life.

Right.

Now, if people around them appreciates, then it is not perceived as obsession. And the moment you start challenging it that why are you obsessed many people use these word nowadays.

That is what I am saying that is the differentiation or common word that is obsessed with it or so, probably that obsession is different from.

The kind of OCD that.

Yeah, because people some people have this personality what we use to call it (Refer Time: 22:45) personality disorder, OCPD where they being punctual being on time and they will get very urged if things are not happening. So, the lot of people especially in administrative and academic posts and all that.

You very interestingly mentioned see I might be punctual, but if someday I because of some reason I compromise with my punctuality or say if two of us have to meet and I am punctual and for some reason you could not maintain that that should not create unrest within me.

So.

But I am OCPD.

but if you are OCPD then its bound to happen.

So, is it that that is OCPD people or OCD people are just trying to keep things under control much over and above than other people will.

Most likely

So, that means.

because

center in the brain this one caudate nucleus in the basal ganglia, any damage to the on the right side probably cause causes OCD probably it is the circuit in the brain which after the completion of task gets information the task is completed and move on. That probably that green signal of task completed does not happen there. So, it keeps firing, in the more it keeps firing the more in an attempt to resist the more in a attempt to control the whole thing really boils up.

Ha yeah that is true.

So, are the therapies what are the therapies indicating? Are they trying to allow person to by distracting by taking of you attention from this repetitive thoughts; through relaxation through exposure or through whatever? Trying to decrease and make extinct those firing patterns in the brain as we take off your attention from something slowly it will die off.

It is only when you keep putting your head into that again and again your attention mechanisms because lot of this therapies overlap.

Yeah,

From phobia to (Refer Time: 24:40).

that is true.

Is not it?

That is true.

Phobia people also if you ask a person who is say afraid of crossing railway line. If you ask them to sit and think that you are near a railway line would immediately start getting anticipatory anxiety. And he is not trying to resist it, unlike OCD where they are trying to resist it or may get a full-fledged panic attack right and they go on to avoid those situation.

So, the lot of avoidance behavior which is seen in

phobia. So, one of the treatment is make a hierarchical list of situations, where you feel avoidance behavior anticipate. Expose yourself to that and do not give the response

like what is the normal response in phobia you run away or you avoid.

Like what happen social anxiety yeah. Socially anxious person wants to make friends, but is (Refer Time: 25:36) friends are different. So, we will avoid party we will avoid this; we will avoid that. So, what (Refer Time: 25:41) they have to learn is expose yourself to those situation and not run away. That since of course, will help correct in the serotonin level and all. While in OCD it is a step ahead I think you have to learn to ignore the thought itself.

Exactly.

Because I do not think thoughts can ever be removed of a fear or something.

You can replace it one set of.

Thoughts which are

Right.

which leads to OCD.

Right.

Can be replaced by

Because alternative therapies also plan where you phase the thought.

yeah exactly.

So, both ways ultimately the whole purpose is of

Replacing the

desensitizing the brain.

Exactly.

Right so, these are the largely so

Even know you referred to hematophobia know in the previous our discussion say in the process of evolution we have evolved know to be resistant to bloodshed.

Right.

And our aversion for bloodshed makes us say not invite situations where you would be exposed to

Right.

blood.

Right

Now, my aversion for blood does not mean that if somebody has hurt himself or herself or if somebody is wounded and that blood that comes out in that process will make we feel phobic.

So, extreme anxiety can ride over OCD and all that

Yeah.

a phobia.

And say for instance somebody who wants to become a doctor.

Yes.

A surgeon then of course, you realize that you know you have to confront.

But let me tell you something very.

This thing of a controlled exposure to blood.

When you talk of neurochemistry

the strength thing is phobia the obsessive-compulsive symptom and the other spectrum where kleptomania is there people who have this compulsive habit of

Stealing.

stealing gambling.

Even internet addiction

(Refer Time: 27:44) mania no

a (Refer Time: 27:45) mania where people will

(Refer Time: 27:48) plucking their hair.

pluck up pluck out their hair some of them eat it also which forms a bunch of trichobezoar what you call. And some newer thing like mobile addiction the compulsive gaming, yeah which is very much seen in this youths right. Impulses control where people suddenly get into this range of anger without any reason and after that they find it very very guilty and so, the impulse is building they all maybe sounding different illness, but they all respond very well to this serotonin reuptake inhibitors.

Yeah.

They all respond very well. So, it is maybe it is the same circuitry in the brain which is working.

In fact, I find an interesting pattern when you read the text those of our viewers who are interested can read it when you reduce all these behavioral patterns to brain chemicals

and

Brain circuits.

then you realize great degree of overlap.

Right.

But the way in the practice the behavior is looked at

is not with respect to the kind of the brain firing mechanism.

Right.

Whether you look at with respect to the manifested behavior.

Right.

In fact, the fear or the guilt that we talked about right now which is associated with OCD.

Right.

That you try to extract

Right.

based on the idea that you derive looking at the manifested behavior.

Right.

So, manifested behavior becomes very important

Right.

when it comes to initial diagnosis.

Right.

And then you start trilling back and digging out the facts.

Because there may be other factors contributing to increase in OCD which I think, maybe we can talk about it in continuation.

Thank you.