ANXIETY DISORDERS: OCD – BIOLOGICAL THEORIES & TREATMENT

BIOPSYCHOLOGISTS BELIEVE THAT OCD IS CAUSED BY **ABNORMAL FUNCTIONING OF THE NERVOUS SYSTEM**, ESPECIALLY THE BRAIN.

WHY?

BIOPSYCHOLOGISTS BELIEVE THAT ALL EXPERIENCE BEHAVIOUR RESULTS FROM **NERVOUS SYSTEM ACTIVITY**. ANYTHING THAT AFFECTS THE NERVOUS SYSTEM'S STRUCTURE AND/OR FUNCTIONING IS BOUND TO HAVE AN EFFECT ON THINKING, FEELING OR BEHAVIOUR.

TREATING OCD REQUIRES **ALTERING BRAIN FUNCTIONING** SO THAT THE AREAS RESPONSIBLE FOR THE ANXIETY EITHER REDUCE IN ACTIVITY OR STOP COMMUNICATING WITH OTHER BRAIN AREAS.

HOW?

DIFFERENT **BRAIN AREAS** HAVE DIFFERENT FUNCTIONS. IF A PARTICULAR AREA BECAME **OVERACTIVE OR UNDERACTIVE** THIS MIGHT BE EXPERIENCED AS A PSYCHOLOGICAL SYMPTOM OR AN ABNORMAL BEHAVIOUR.

BRAIN STRUCTURE AND FUNCTIONING CAN BE INFLUENCED BY THE **GENES** WE INHERIT BUT ALSO BY CHANGES IN THE BALANCE OF DIFFERENT BRAIN CHEMICALS (**NEUROTRANSMITTERS**).

THIS CAN BE DONE CHEMICALLY USING SSRI **DRUGS** THAT REDUCE THE ACTIVITY OF THE CHEMICAL SEROTONIN IN THE THALAMUS.

IT CAN ALSO BE DONE WITH **SURGERY** THAT CUTS THE CONNECTION BETWEEN THE THALAMUS AND THE OFC.

TWO IMPORTANT BRAIN AREAS IN OCD

THE **THALAMUS** IS RESPONSIBLE FOR SAFETY BEHAVIOURS LIKE CLEANING AND CHECKING. IN OCD IT MAY BE OVERACTIVE.

THE **ORBITOFRONTAL CORTEX** IS RESPONSIBLE FOR ANXIETY FEELINGS. IT IS ACTIVATED BY THE THALAMUS

IN OCD THE THALAMUS GENERATES THE **INTRUSIVE, COMPULSIVE THOUGHTS** AND, IN RESPONSE THE OFC GENERATES **FEELINGS OF ANXIETY** UNTIL THEY ARE ACTED UPON.

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