



PSY 215 Module Three Activity Template

Complete this template by replacing the bracketed text with the relevant information.

Part One

To use this template, you will first select a behavior from the list provided in the Module Three Activity Guidelines and Rubric. Address each of the rubric criteria listed below with a minimum of 3 to 5 sentences per bullet. Support your answers with a credible source when necessary.

- Describe the possible **biological** origins of the selected behavior.

The possible biological origins of obsessive thoughts/compulsive behaviors (OCD) are genetic factors, abnormalities of the brain, and neurological abnormalities. According to twin and family studies, OCD could be linked to genetic factors. "... most family studies have found 3 to 12 times higher rates of OCD in first-degree relatives of OCD clients than would be expected from current estimates of the prevalence of OCD" (Hooley, Nock, & Butcher, 2020, p. 195). These higher rates of OCD provide strong evidence to the idea that genetics plays a role in OCD patients. While OCD could be caused by genetics, it can also be caused by abnormalities of the brain. Research has shown that the brains of people with OCD have abnormalities in the basal ganglia and frontal cortex areas (Hooley, Nock, & Butcher, 2020, p. 196). These abnormalities affect a person's emotions and behaviors. People with OCD behave in a way to control their intruding thoughts. For example, one may have to excessively wash their hands to avoid contamination because they have a fear of getting sick. Along with genetic factors and abnormalities of the brain, neurological abnormalities can also be a biological origin of OCD. Researchers have found that serotonin, as well as the possibility of dopamine, GABA, and glutamate systems, are involved in the symptoms of OCD (Hooley, Nock, & Butcher, 2020, p. 197). The discovery of neurological abnormalities in people with OCD has led to treatments that boost serotonin levels, which in turn, decreases OCD symptoms. There are numerous biological reasons that someone may have obsessive thoughts/compulsive behaviors.

- Describe the possible **psychological** origins of the selected behavior.

The possible psychological origins of obsessive thoughts/compulsive behaviors (OCD) are learned behaviors, preparedness, attempt to suppress obsessive thoughts, appraisals of responsibility for intrusive thoughts, and cognitive bias and distortions. Some people may develop OCD as a learned behavior, as explained by Mowrer's two-process theory of avoidance learning. "According to this theory, neutral stimuli become associated with frightening thoughts or experiences through classical conditioning and come to elicit anxiety" (Hooley, Nock, & Butcher, 2020, p. 194). For instance, a person may associate forgetting to lock their door with a family member dying. They can reduce their anxiety by checking to make sure they have locked their door five times. Since the person's anxiety is reduced when they check their door is locked, it will reinforce their behavior. If they have an increase in anxiety, it may increase the amount of times they check their door. The origins of OCD may have been present in our early ancestors. "The fact that many people with OCD have obsessions and compulsions focused on dirt, contamination, and other potentially dangerous situations has led many researchers to conclude

that these features of the disorder likely have deep evolutionary roots” (Hooley, Nock, & Butcher, 2020, p. 194). Humans learned centuries ago that dirt and certain situations can contribute to negative outcomes, so they became extremely focused on avoiding dirt and dangerous situations in order to survive. Although new advances in technology and research have decreased our need to be excessive with our cleanliness, people still have OCD about germs and getting sick. Another psychological origin of OCD is attempting to suppress obsessive thoughts. People with OCD may try to suppress their thoughts, but it only increases those thoughts later on (Hooley, Nock, & Butcher, 2020, p. 194). Therefore, controlling one’s obsessive thoughts is not an effective treatment. Another psychological origin is appraisals of responsibility for intrusive thoughts. Some people with OCD are vulnerable to thought-action fusion. Thought-action fusion is “... beliefs that simply having a thought about doing something (e.g., a mother’s thought about harming her infant) is morally equivalent to actually having done it, or that thinking about the behavior increases the chances of actually doing so” (Hooley, Nock, & Butcher, 2020, p. 195). The theory shows that a person with OCD can have thoughts that blur reality. The last psychological origin is cognitive biases and distortions. People with OCD can have biases toward materials that are similar to their OCD, have trouble blocking distracting information, and have lower confidence in their memory ability (Hooley, Nock, & Butcher, 2020, p. 195). OCD has the ability to affect people’s thoughts as well as how they take in information. Because someone with OCD has lower confidence in their memory ability and a difficult time taking in some types of information, the information they do see causes their OCD symptoms to continue or increase. Many different psychological origins play a role in obsessive thoughts/compulsive behaviors.

- Describe the possible **social** or **cultural** origins of the selected behavior.

Some social or cultural origins of obsessive thoughts/compulsive behaviors (OCD) are family and social norms. In early development, children learn behaviors by watching and observing other people, mainly their family. As a result, a family member may directly or indirectly affect their child’s OCD. For example, if a family member tells their child that germs are everywhere and can cause them to get sick, may lead a child to have OCD. Social norms are a cultural origin of OCD because it tells people what is normal/abnormal. Maltreatment during childhood can also increase the chance of OCD because a child may use OCD as a way to take back control, control that they did not have during their childhood. Social norms also play a role in the origins of OCD. Every day, we are exposed to pictures of people with the “perfect” body (muscles, clear skin, smooth/shiny hair) or what attributes a “perfect” person (straight A’s, never does anything wrong) has. Viewing pictures of people who are seen as perfect by society can lead to someone to have obsessive thoughts/compulsive behaviors because they view themselves as less than perfect and not good enough for society. For example, a girl who sees models of women on social media may develop body dysmorphia because she compares herself with the “perfect” women she sees. Instead of seeing positive attributes about herself, she only sees her flaws, flaws which may not be visible to others. She becomes so focused on her flaws that she avoids socializing with other people. Both family and social norms can be origins for OCD.

- Describe the **relationship** between the biological, psychological, and sociocultural factors of the selected behavior.

Biological, psychological, and sociocultural factors can all influence someone to have obsessive thoughts/compulsive behaviors (OCD). Someone may have OCD due to genetics (biological factor), but their OCD worsens due to psychological and sociocultural factors. Psychological factors play a role when the person tries to suppress their thoughts because they have intrusive thoughts. However, suppressing just makes their OCD symptoms increase. Another psychological factor that can cause OCD to worsen is when a person has thought-action fusion. All psychological factors can increase due to sociocultural factors. Sociocultural factors can include family and social norms. Early life experiences, such as the possibility of a family increasing their child's chance of getting OCD because of the way they tell their child how they view the world. Also, if a child is maltreated by their family, they are more at risk of developing OCD. Social norms can be a factor of OCD too. Most people want to fit in with society but can get too focused on their flaws and how they do not fit into society that they develop OCD. Overall, biological, psychological, and sociocultural factors are all intertwined in OCD.

Part Two

- Next, from the list, you will select two behaviors that are known to share symptomatology. In a minimum of 3 to 5 sentences, explain the ways in which the symptoms overlap and discuss the potential **diagnostic challenges** presented by the overlap.

Phobia and panic disorders are known to share symptomatology. Symptoms of both phobia and panic disorders are trembling, sweating, chills, breathing problems, chest pain, rapid heartbeat, nausea, and feelings of anxiety or intense fear. Considering the symptoms overlap, it is challenging to diagnose someone with phobia or panic disorder, more information is needed. One main difference between phobia and panic disorders is the cause behind them. Panic disorder is where a person experiences panic attacks unexpectedly and they are recurrent. Phobia disorders are triggered by the thought of being exposed to a specific object or situation which the person has intense fear of. If you don't know the cause, the symptoms are too similar to point in one direction, once you know the cause, the symptoms point in the correct direction.



References:

Hooley, J. M., Nock, M. K., & Butcher, J. N. (2020). *Abnormal psychology* (18th ed.). Pearson.