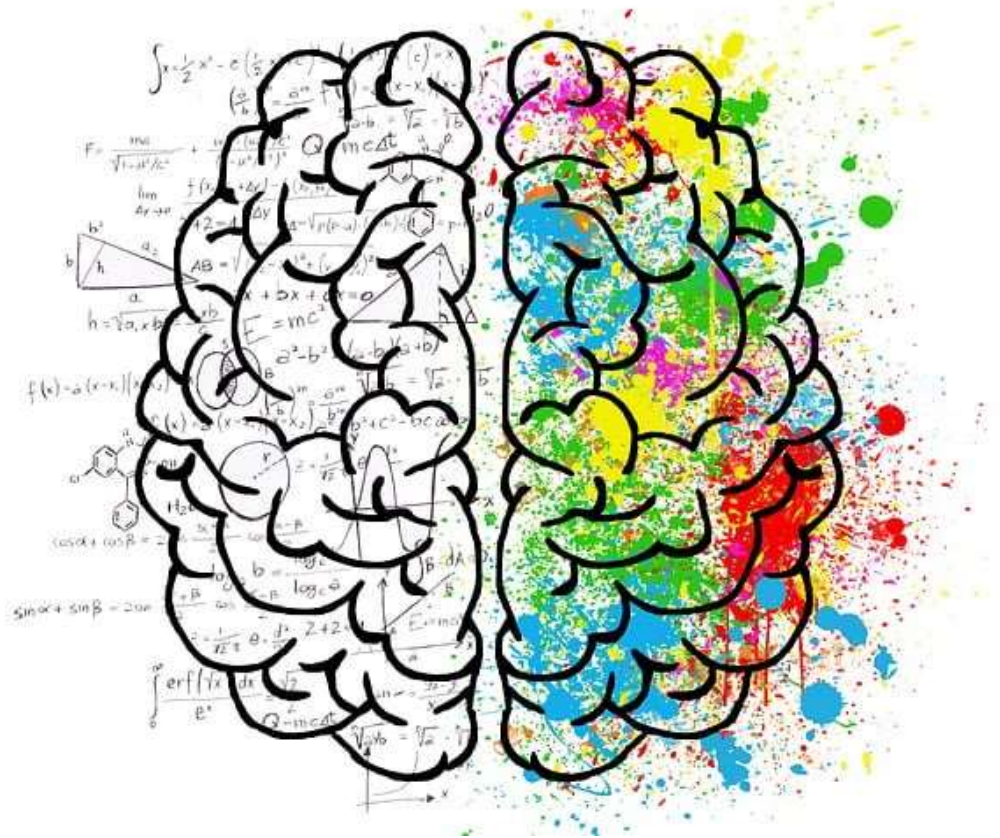


BMHP6029

Psychopathological Classifications and Provisions

Week 2 Historical
contexts of mental
disorders and OCD

2026





Historical understandings of mental illness



Shifts in classification and treatment



Media portrayals and stigma



Contemporary models of psychopathology



OCD: history, diagnosis, explanations



Cultural and intersectional considerations



Current UK statistics



Preparing for your poster presentation

Historical Views

- Mental distress historically attributed to:
- Supernatural forces
- Moral failings
- Religious transgression
- Cosmic imbalance
(Porter, 2003)

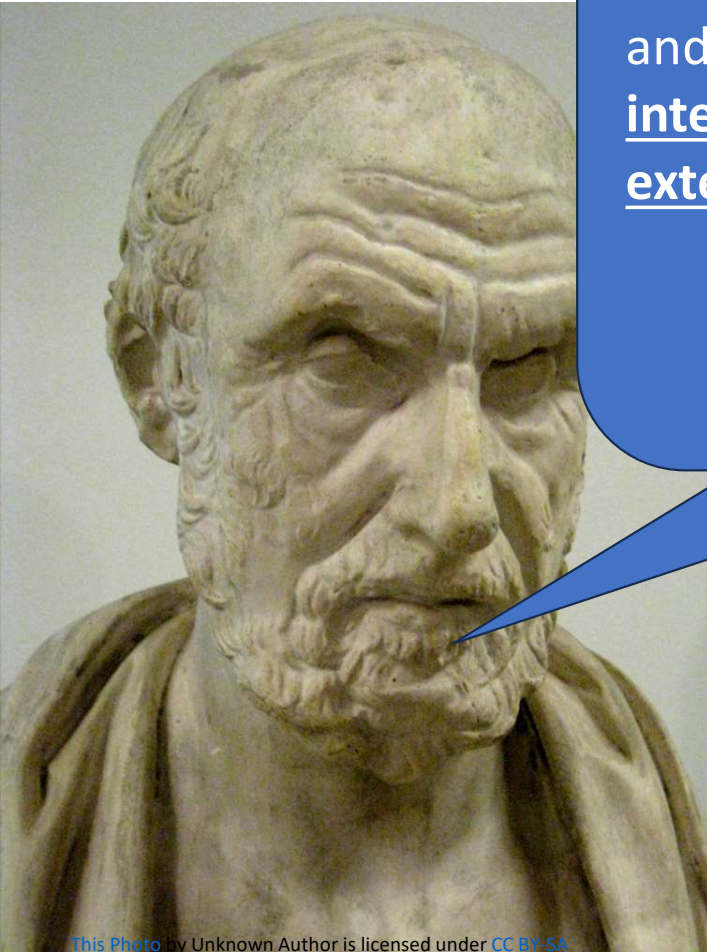
Trepanning & Exorcism

Used to “release spirits” or “correct possession.”
Reflects early attempts to externalise mental distress.

Early Causal Model

Distress → Spirit Invasion → Ritual Treatment → Temporary Relief





According to **Hippocrates**, mental health issues were naturally caused and that they were influenced by internal mechanisms, not by external factors.

An unbalance was caused by the four humors; blood, yellow bile, black bile and phlegm

Treatment: Rebalance the humors

Greek and Roman's Views and Treatment (500 B.C. to 500 A.D.)

Different professionals, philosophers and physicians introduced varying explanations for mental disorders. Based on such explanations various treatments were proposed.

Europe's view: Demonology (500 – 1350 A.D.)

- Sin, possession, moral weakness
- Abnormality was identified as an internal conflict between good and evil.
- This resulted in rejection of science, and submersion of demonology related practice.
- When OCD was understood on religious terms, exorcism and tortures were often used as treatments
- Harsh treatments: exorcism, confinement (*Simpson & Reddy, 2014*)



The Renaissance (1400 – 1700 A.D.) and the Rise of Asylums

- A reduction in demonology was observed.
- Johann Weyer (a physician): rejected the notion of evil spirits leading to abnormal behaviors. He proposed mental illness as the reasoning for abnormal behaviors.
- Hallucination and mental illness was identified as a medical impairment
- Long-term hospitalization of individuals took place at an excessive level.
- Asylums became overburdened.



From the photos and figures, how was mental illness perceived and treated?



1814



1936



The Nineteenth Century: Reform and Moral Treatment (1800 onwards)

Increased number of asylums were observed.

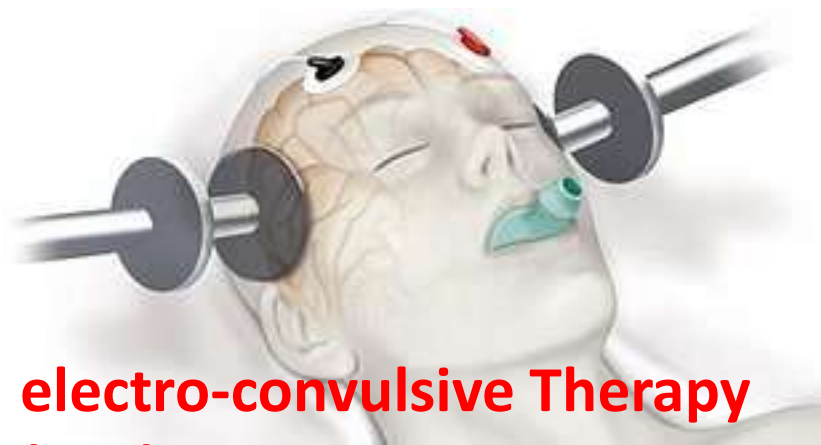
Pinel (France), Tuke (England), Dorothea Dix (U.S.) advocated for moral treatment in that individuals with mental health issues should be treated by more humane and respectful techniques.

However, moral treatments were used in conjunction with other extreme treatments e.g. insulin coma therapy, lobotomy and electro-convulsive therapy (ECT).

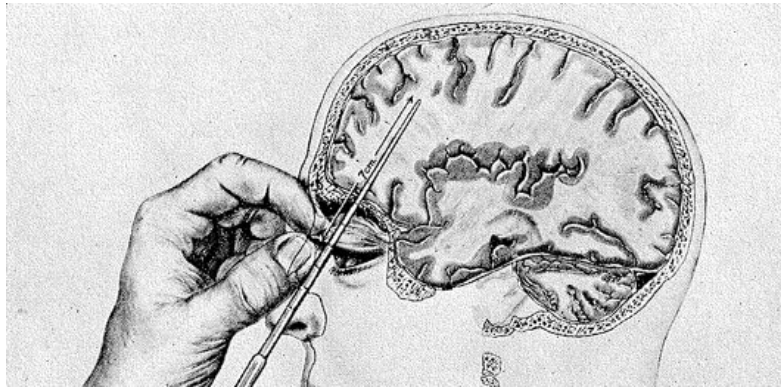


*The unchaining of the mental patients at Bicêtre
through the intervention of Dr. Pinel, pioneer
psychiatrist.*

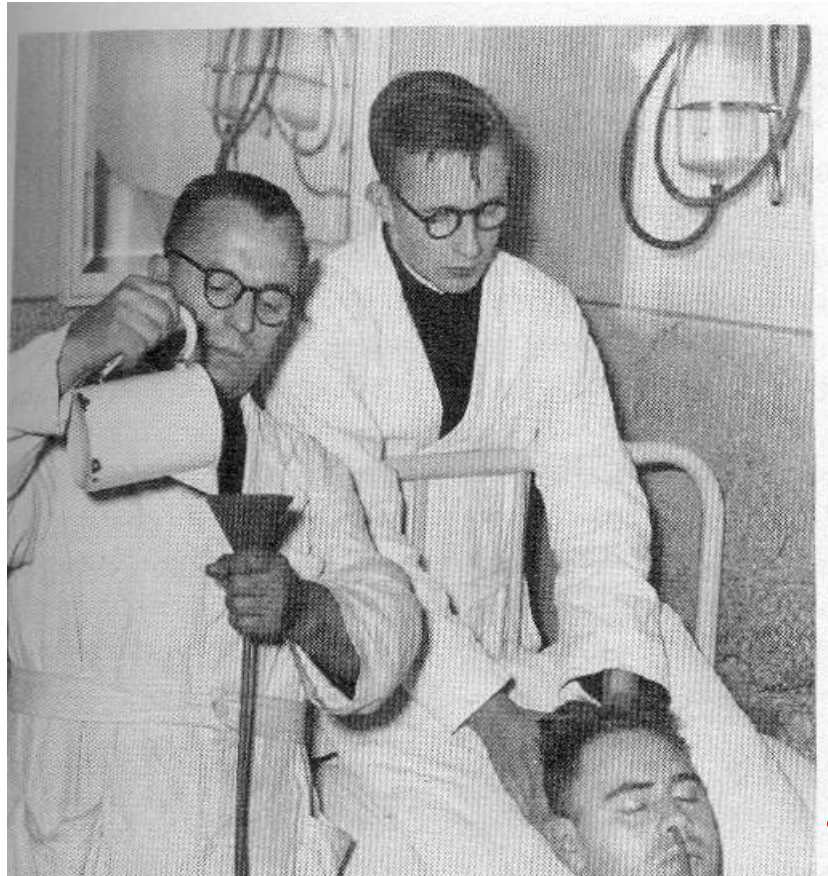
http://cantonasylumforinsaneindians.com/history_blog/wp-content/uploads/2010/05/Depiction-of-Dr.-Pinel-Intervening-to-Unchain-a-Patient.bmp



electro-convulsive Therapy
(ECT).



Lobotomy



Insulin
coma/shock
therapy

3 major physical treatments for mental illness revolutionised psychiatry in 1930s (Jones, 2000)

Early Twentieth Century: Dual Perspectives

19th–20th Century Biological Turn

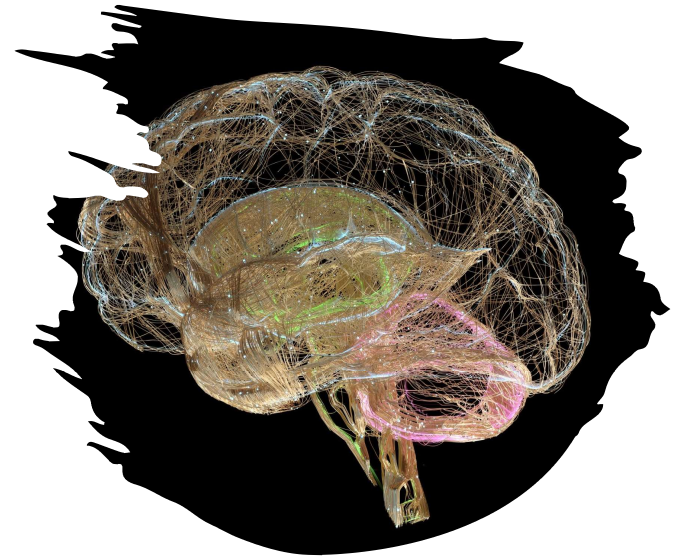
- Somatic explanations rise:
- Brain pathology
- Heredity
- Degeneration theory
Often misused to justify eugenics.



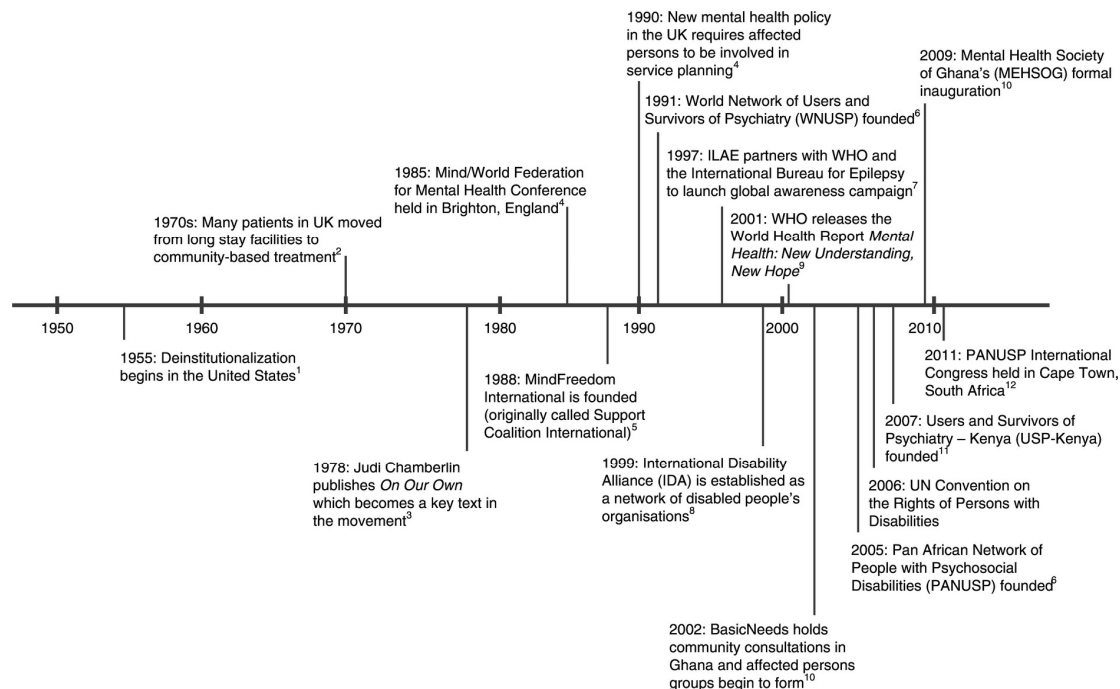
Early Twentieth Century: Dual Perspectives

**Psychogenic Perspective –
mental distress originates
from psychological factors**

- Freud, Breuer, Adler:
- Trauma
- Unconscious conflict
- Learned behaviour
(*Shorter, 1997*)



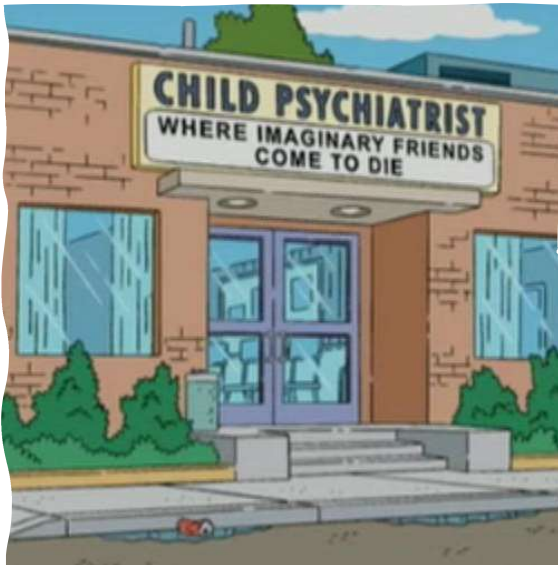
More changes in the modern time



- The key changes on this slide are more towards legislations

- Note that medications started around the 50s when deinstitutionalisation started to take hold

- 60-70s we saw the antipsychiatry movement



The language we use to describe, mental disorders or psychiatry reflects our attitude, even though we might not always be aware of some of the historically associated connotations.

Terms like “lunatic,” “insane,” “committed suicide” carry historical stigma.

Shift toward:

“Mental health condition”

“Died by suicide”

(Samaritans, 2023)

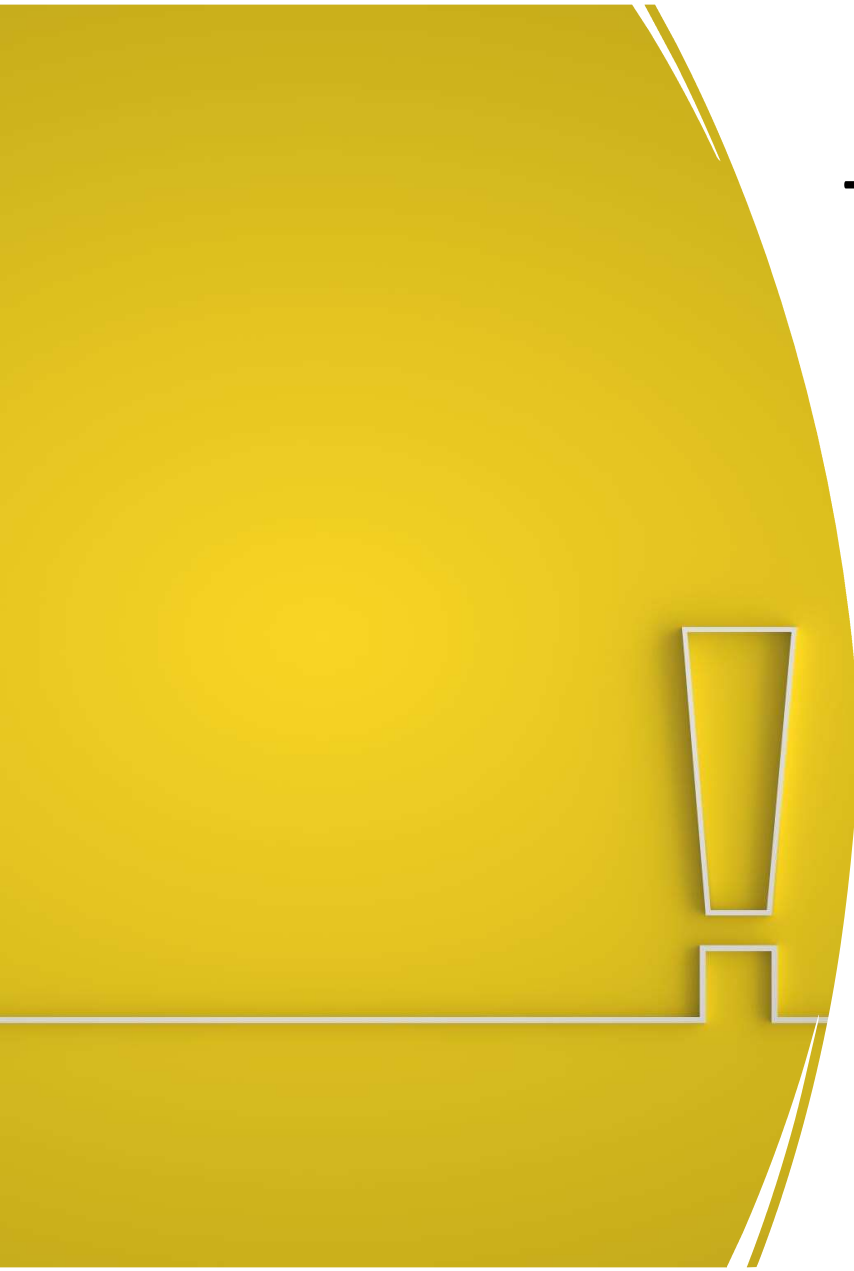
Overusing some clinical terms to describe everyday experience may dilute the meaning such as ‘a depressing news’

What do you think
of these terms?

Insanity, lunatic,
imbecile, idiot,
mental,
‘committed’ suicide

A word cloud on a teal background featuring various terms related to mental health and emotional distress. The words are arranged in a circular pattern, with 'problems' being the largest and most central. Other prominent words include 'Lonely', 'shame', 'sadness', 'negative', 'hurt', 'mental', 'crazy', 'issues', 'cutting', 'stress', 'violence', 'bullying', 'heart', 'think', 'behaviour', 'harm', 'blood test', 'illness', 'pressure', and 'negative'.

This Photo by Unknown Author is licensed under CC BY-NC-ND



Task:

The portrayal of mental illness in the media.

Discuss: How do you think mental disorders are portrayed in the media? Accurately? Fairly?

Would the media, especially social media be used to help educate people?

Do research findings in this topic area support your points?

Why do people think individuals with schizophrenia are dangerous and violent?

The discourse in media portrayals of individuals with mental health disorders is often inaccurate and sensationalised, leading to further stigmatisation (Bertolín-Guillén & Porcel-Torrens, 2021; Sua´rez-Llevat et al, 2024)

Reality: individuals with schizophrenia are **far more likely to be victims.** (Fang & Zhu, 2023)

Sua´rez-Llevat et al's recent review note disinformation and misuse on social media is uneven across different mental disorders (2024)

- TikTok "I'm so OCD" trivialisation
- Rise of self-diagnosis
- Algorithmic amplification of misinformation (Suárez-Llevat et al., 2024)

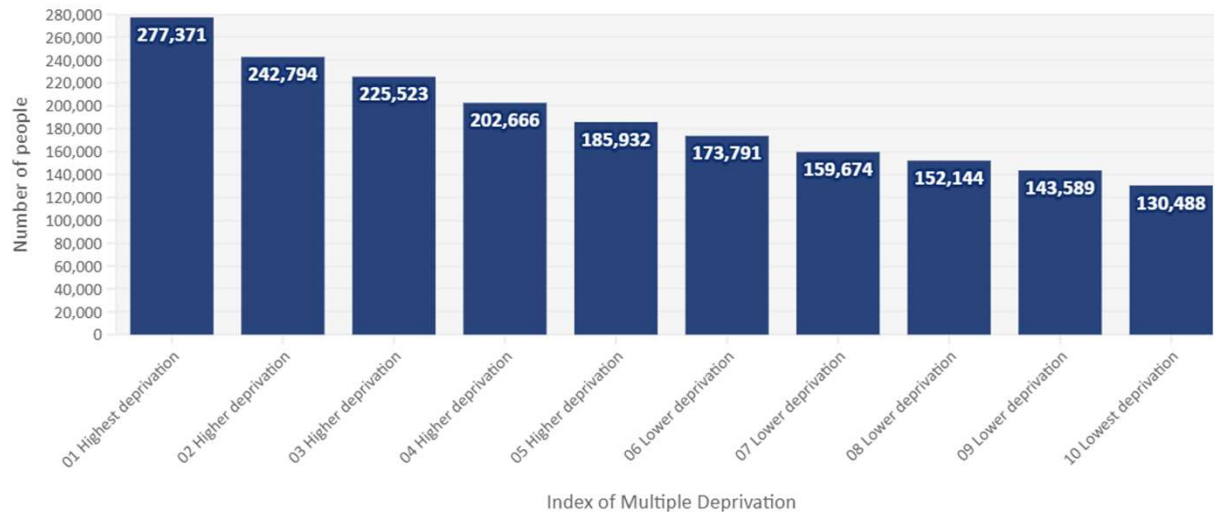
Implications of health and social care professionals using social media as part of their work to be discussed more as we progress in the module



This Photo by Unknown Author is licensed under CC BY-NC-ND

Intersectionality of mental illness

The number of people in contact with mental health services by Index of Multiple Deprivation
May 2024



Source: [NHS Digital Mental Health Services Monthly Statistics](#) • Data shows the number of people in contact with mental health services (MHS01) at the end of the month. This includes the three service areas of adult mental health, child and young people, and learning disabilities. The English Indices of Multiple Deprivation are a measure of relative deprivation at a small local area level (Lower-layer Super Output Areas).



Big gap in the prevalence rate between people with highest deprivation (left) to the most well-off (right) (British Medical Association, 2024)

Mental illness is comparatively higher among females (20%) than males (14%) among the population in England (National Health Services, 2023).

Prevalence of alcohol dependence is 3 to 1 among males and females respectively

Drug dependence is twice as common in males as opposed to females.

Neurotic disorders are comparatively higher among females (18%) as opposed to males (11%)



Current models of Mental Disorder

Psychodynamic perspective

Cognitive perspective

Behavioural perspective

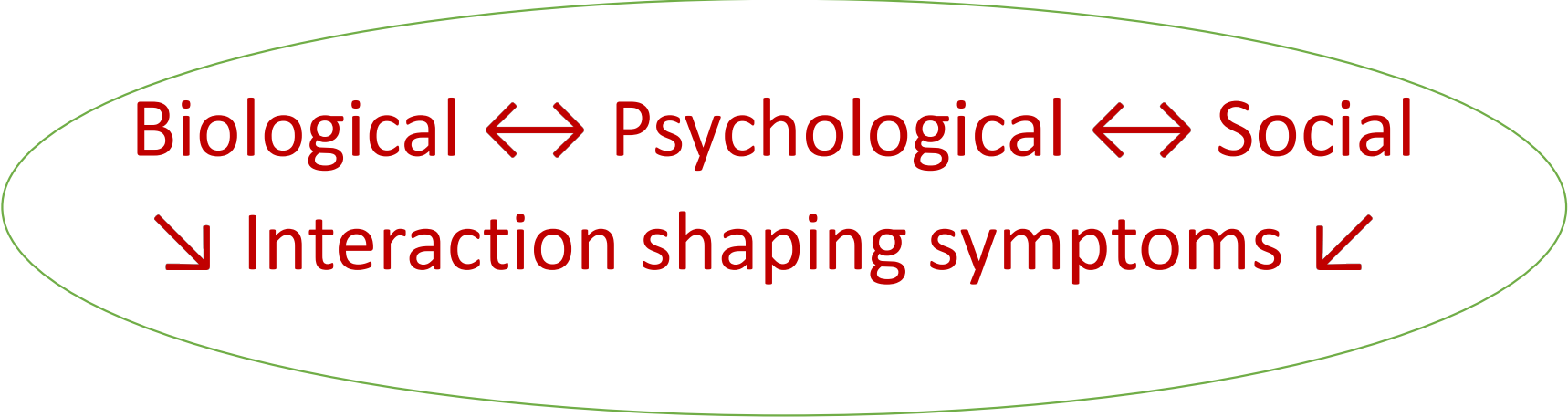
Humanistic-existential perspective

Social/cultural perspective

Biological

Biopsychosocial Integration

Modern psychiatry emphasises **interaction**, not single causes.



Biological ↔ Psychological ↔ Social
↘ Interaction shaping symptoms ↙

Mental Illness Today

- Adults accessing NHS mental health treatments up from 23.1% in 2000 to 39.4% in 2014 (British Medical Association, 2024): an increase of 71%.
- Rates in children and young people with a probable mental health disorder growing faster (British Medical Association, 2024). Between 2017 and 2022, increased
 - from 1 in 8 to 1 in 6 amongst aged 7-16
 - From 1 in 10 to 1 in 5 amongst aged 17-19
 - Three times increase of children and young people in contact with CAMHS compared to 7 years ago in 2017





Obsessive- compulsive and related disorders

OCD: HISTORY, DIAGNOSIS &
MODELS



OCD
IT'S MORE
THAN YOU
THINK!

How symptoms of OCD were described and understood in the past (Simpson & Reddy, 2014; Stanford Medicine, n.d.)

- “If he be in a silent auditory, as at a sermon, he is afraid he shall speak aloud and unaware, something indecent, unfit to be said” (Burton, 1621).
- “scruples”: [A scruple] is trouble where the trouble is over, a doubt when doubts are resolved” (Taylor, 1660)
- Individuals obsessed by “...naughty, and sometimes Blasphemous Thoughts [which] start in their Minds, while they are exercised in the Worship of God [despite] all their endeavours to stifle and suppress them ... the more they struggle with them, the more they increase” (Moore, 1691).
- “who dared not go over a bridge, come near a pool, rock, steep hill, lie in a chamber where cross beams were, for fear he may be tempted to hang, drawn or precipitate himself.... he [was] afraid he shall speak aloud ... something indecent, unfit to be said” (Burton, quoted in Berrios).

Historical Descriptions of OCD

Intrusive blasphemous thoughts

Fear of acting immorally

Compulsions to neutralise thoughts
(Simpson & Reddy, 2014)

Compare between the 'symptoms' in these two videos

- What could have caused these symptoms?
- Are these two caused by the same disorder?



From: 1:15

ICD-11 Definition (6B20)

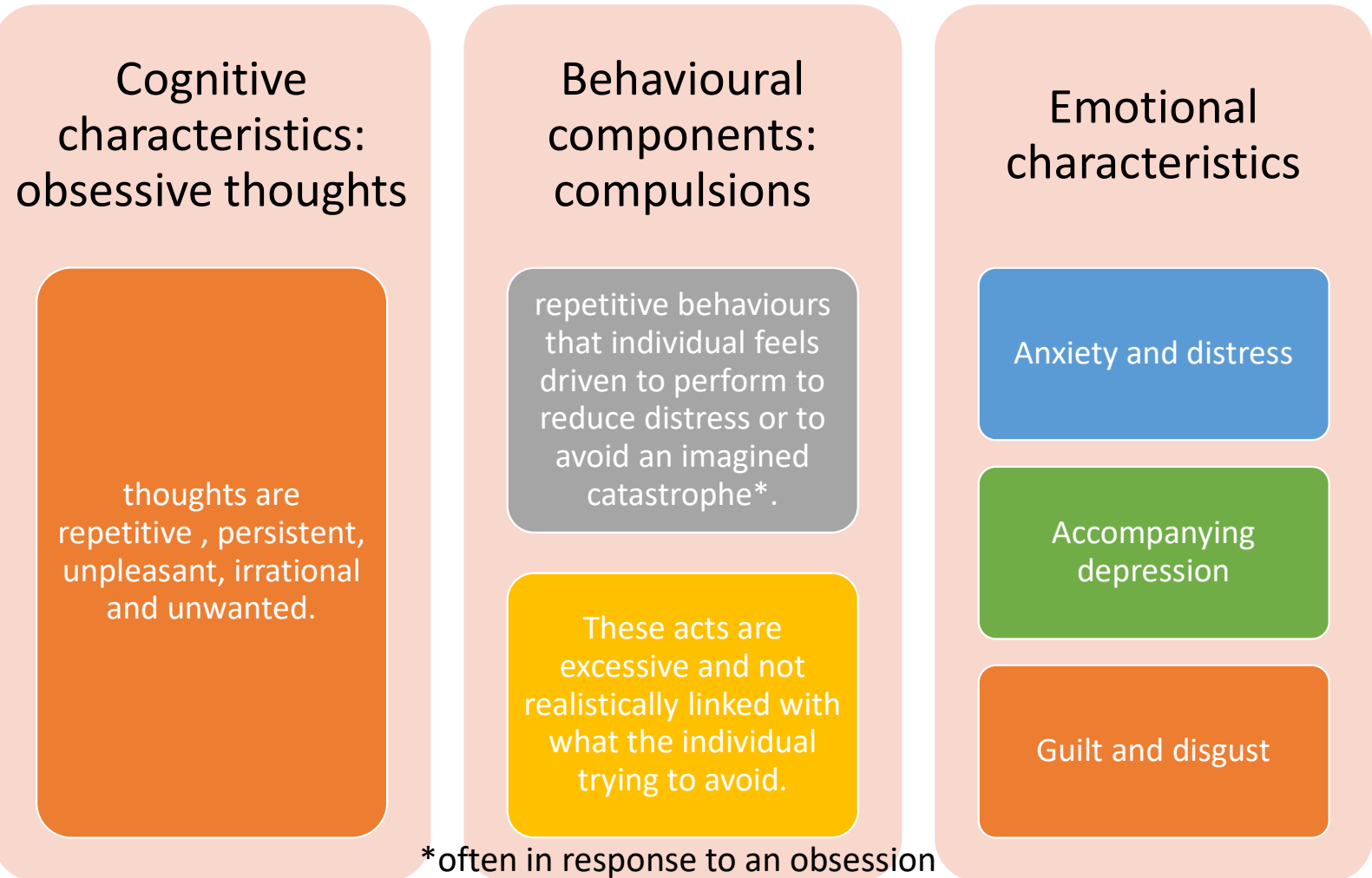
Key features:

- Intrusive, unwanted obsessions
- Compulsions performed to reduce distress
- Insight usually present
- Significant time consumption
(*WHO, 2022*)

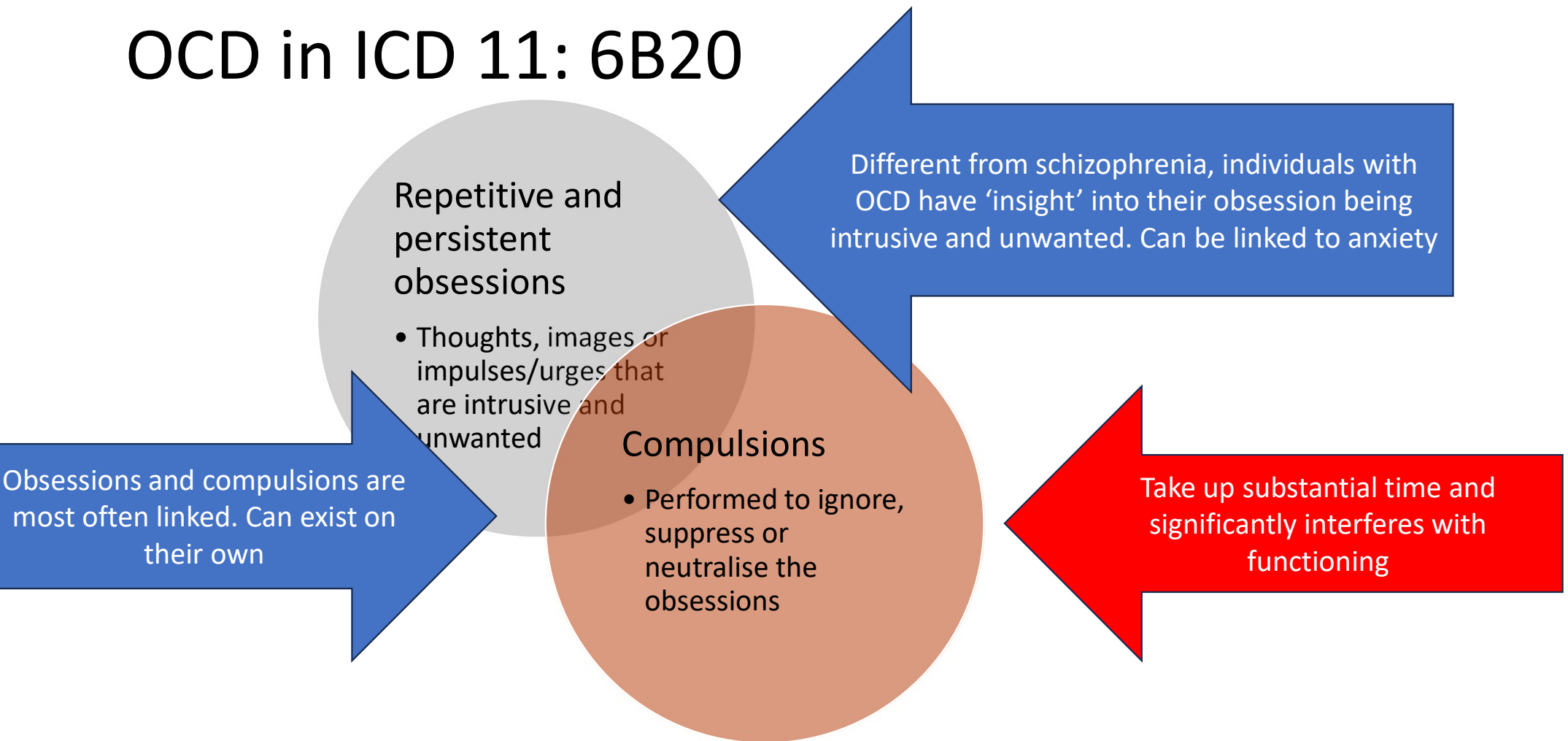


Three elements to OCD

Some overlapping with symptoms of other mental health disorders



OCD in ICD 11: 6B20



ICD 11 Diagnostic Criteria for OCD

Summary of Essential Features

1. Presence of Obsessions and/or Compulsions

- Obsessions are repetitive and persistent thoughts (e.g., of contamination), images (e.g., of violent scenes), or impulses/urges (e.g., to stab someone) that are experienced as intrusive and unwanted, and are commonly associated with anxiety. The individual typically attempts to ignore or suppress obsessions or to neutralize them by performing compulsions.
- Compulsions are repetitive behaviours or rituals, including repetitive mental acts, that the individual feels driven to perform in response to an obsession, according to rigid rules, or to achieve a sense of 'completeness'.

2. Obsessions and compulsions are time-consuming (e.g., take more than 1 hour per day) or result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. If functioning is maintained, it is only through significant additional effort

3. The symptoms or behaviours are not a manifestation of another medical condition (e.g., basal ganglia ischemic stroke) and are not due to the effects of a substance or medication on the central nervous system (e.g., amphetamine), including withdrawal effects

Is this OCD?

- A teenager started to frequently wash and sanitise hands during COVID and continued to do so long after the lockdown was terminated. Their hands were raw and cracked from their over use of detergents and sanitiser.
- Do you have enough information to determine whether this is a case of OCD based on the ICD-11? If not, what kind of information do you need to decide?



Cultural Variations in OCD

- Scrupulosity in religious contexts
- Somatic obsessions in collectivist cultures
- Contamination themes vary by cultural norms
(*IOCDF, 2024*)



TYPES OF OCD



CONTAMINATION
AND CLEANING



CHECKING



SYMMETRY
AND ARRANGING



INTRUSIVE THOUGHTS
AND RUMINATION



HOARDING

Are these types universal or cultural specific?

Also refer to [About International OCD Foundation | All There Is To Know About OCD \(iocdf.org\)](https://iocdf.org)

Explanations of OCD

Biological

- Levels of neurotransmitters in the brain.
- Brain structure
- Genes

Psychological

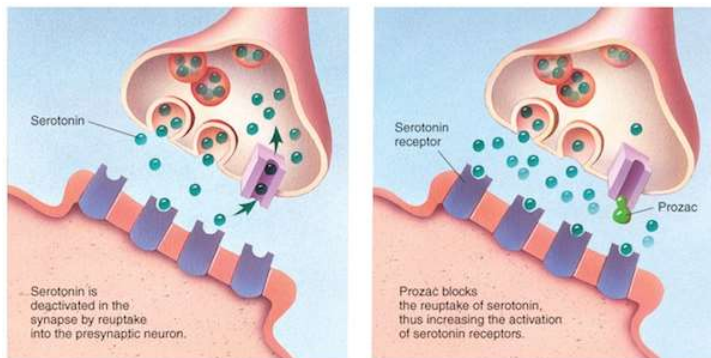
- Behavioural explanations
- Cognitive explanations
- Psychodynamic explanations

Psychodynamic

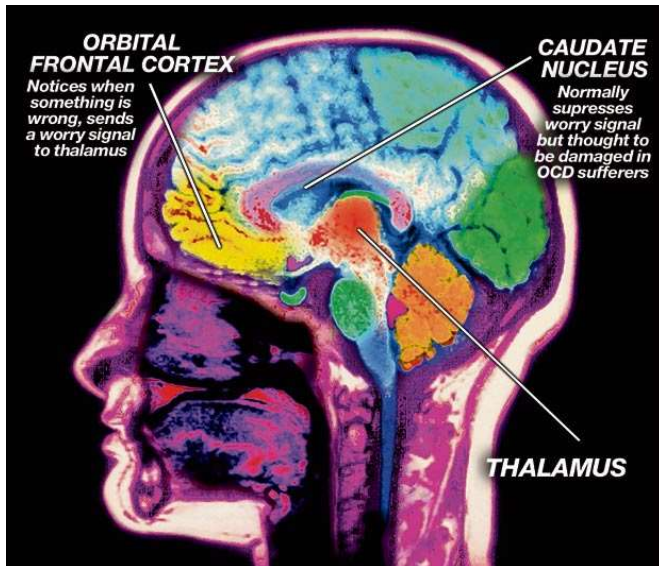
- Ego developed coping behaviour to address unacceptable but partially repressed wishes and impulses by Id

Social

- Social learning
- Cultural



Biological explanations



Low levels of neurotransmitters in the brain.



The Orbital Frontal Cortex (OFC) just behind the eyes is the first part of the brain to register activity that may be a cause for concern in the environment.

It creates an anxious response and promotes checking behaviour in order to ensure that all is well.



Genetic risks due to high family links

evidence shows that drug treatments increase the level of serotonin in the brain (e.g. selective serotonin reuptake inhibitors known as SSRIs) and help to reduce the symptoms of OCD

Having OCD could lead to reduced serotonin level (effect not the cause)

- Drug treatments do not work for everyone with OCD

Symptoms can return shortly after medications stop (Stanford Medicine, n.d.). Reducing symptoms not addressing the root/cause?



Obsessive Compulsive Disorder

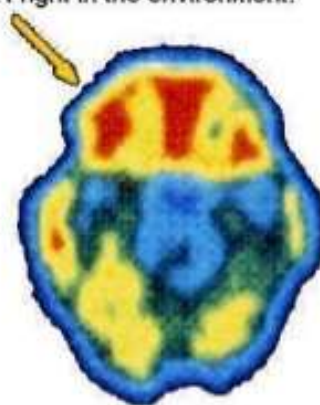
Orbital-Frontal Cortex

The orbital-frontal cortex, located beneath the eyebrows, is associated with making emotional assessments of one's environment, or getting the feeling that something isn't right in the environment.



Control

Warmer colors indicate that this area of the brain is using more energy, or working overtime, in individuals who suffer from OCD



Obsessive Compulsive

Positron Emission Tomography (PET)
UCLA School of Medicine



Comparison between the activation patterns in a control's brain scan compared to that of a patient with OCD.

Baxter et al's often cited study (1992) shows that the activation patterns in the brain can change following treatments by either medication or therapy.

What are the advances we have made since the early 90s?

Baxter, L. R., Schwartz, J. M., Bergman, K. S., Szuba, M. P., Guze, B. H., Mazziotta, J. C., Alazraki, A., Selin, C. E., Ferng, H.-K., Munford, P., & Phelps, M. E. (1992). Caudate glucose metabolic rate changes with both drug and behavior therapy for obsessive-compulsive disorder. *Archives of General Psychiatry*, 49(9), 681–689. <https://doi.org/10.1001/archpsyc.1992.01820090009002>

Is the biological explanation the most convincing for individuals with OCD?

Download the Evidence for different explanations for OCD worksheet.

1. Read through and complete the following short summary of different studies on OCD.
2. Work in pairs to determine the main explanations of OCD in the summary. Decide who will take a supporting position and the other the against position.
3. Don't forget to watch for the 'age' of the studies cited in the worksheet. Are they recent enough?
4. Using the information from the studies provided, discuss whether biological explanation is the most convincing position for OCD.
5. After the discussion, make your decision on this statement as a group.

Strengths & Weaknesses of Biological Models

Strengths:

- Strong neuroimaging evidence
- Effective pharmacological treatments

Weaknesses:

- Symptoms often return after medication
- Not all patients respond
- Correlation $\neq$ cause



Psychological Explanations

Cognitive:

- Inflated responsibility
- Thought–action fusion
- Intolerance of uncertainty
(*Salkovskis, 1999*)

Behavioural:

- Compulsions reinforced through negative reinforcement



Social & Cultural Explanations



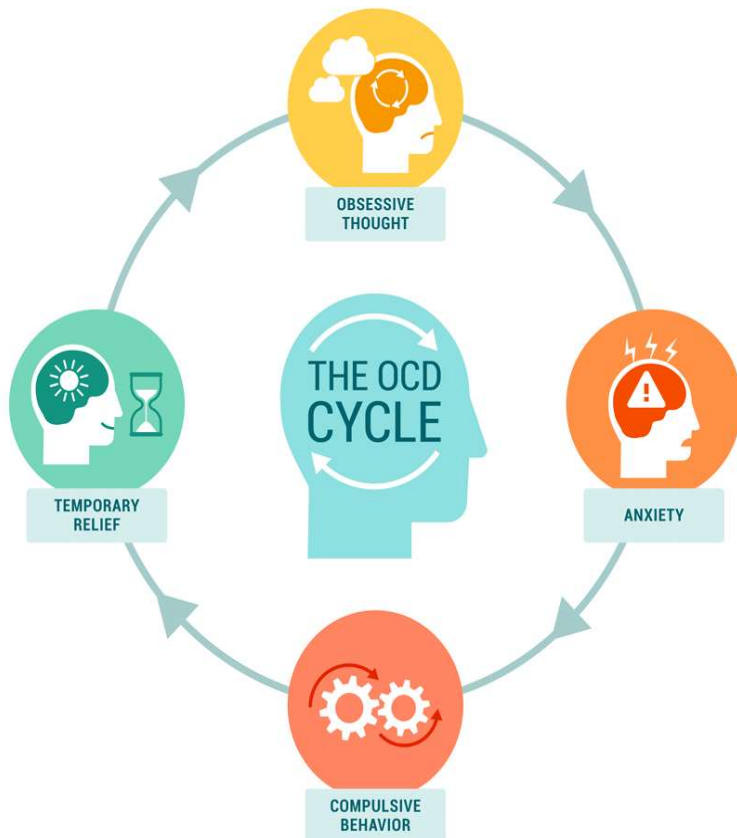
FAMILY ACCOMMODATION



SOCIAL LEARNING



CULTURAL NORMS AROUND
PURITY, MORALITY
(WILLIAMS ET AL., 2021)



Explanation of the cause of OCD will need to be able to account for the dynamics among the processes observed in the OCD cycle

Evidence suggests that various treatments would differentially tackle a specific process in the cycle

→ a combination of different methods would be more productive

TREATMENTS FOR OCD



Pharmacological
Treatments



Psychological
Treatments



Neuromodulation



Digital
Interventions

Current Psychological Treatments

ERP (Exposure & Response Prevention)

- Gold standard
- Targets compulsive reinforcement cycle

CBT

- Focuses on cognitive reasoning errors

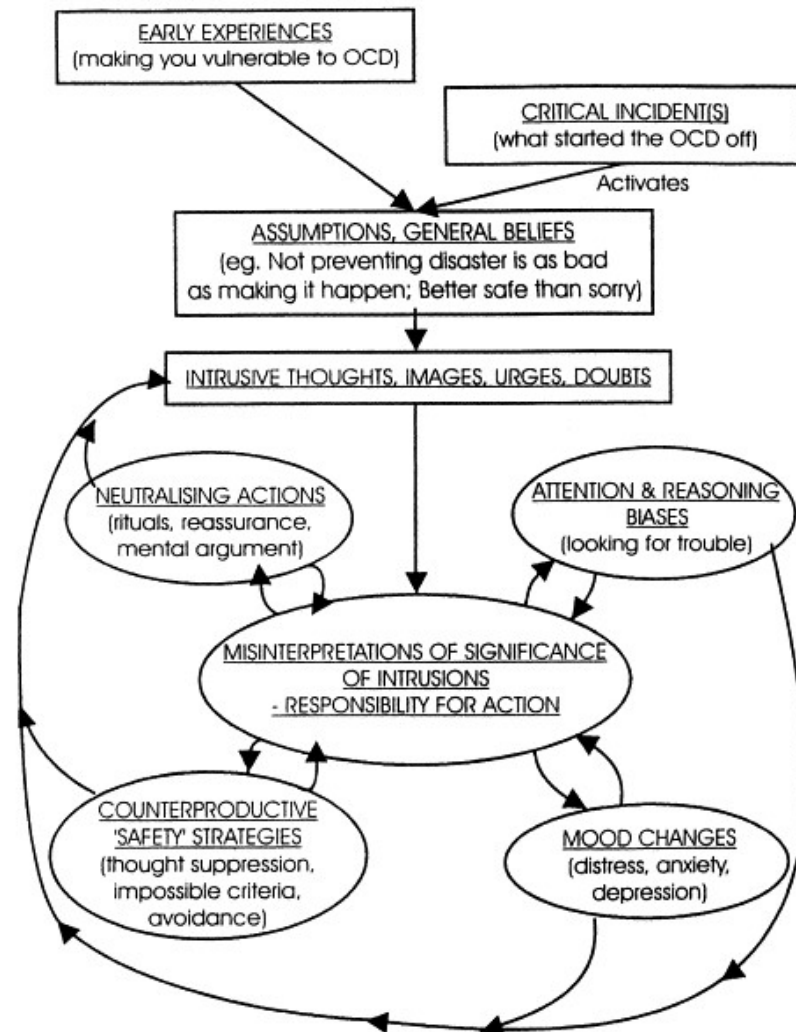
Third-Wave Approaches

- ACT (Acceptance & Commitment Therapy)
- Mindfulness-based CBT

How effective are these therapies?

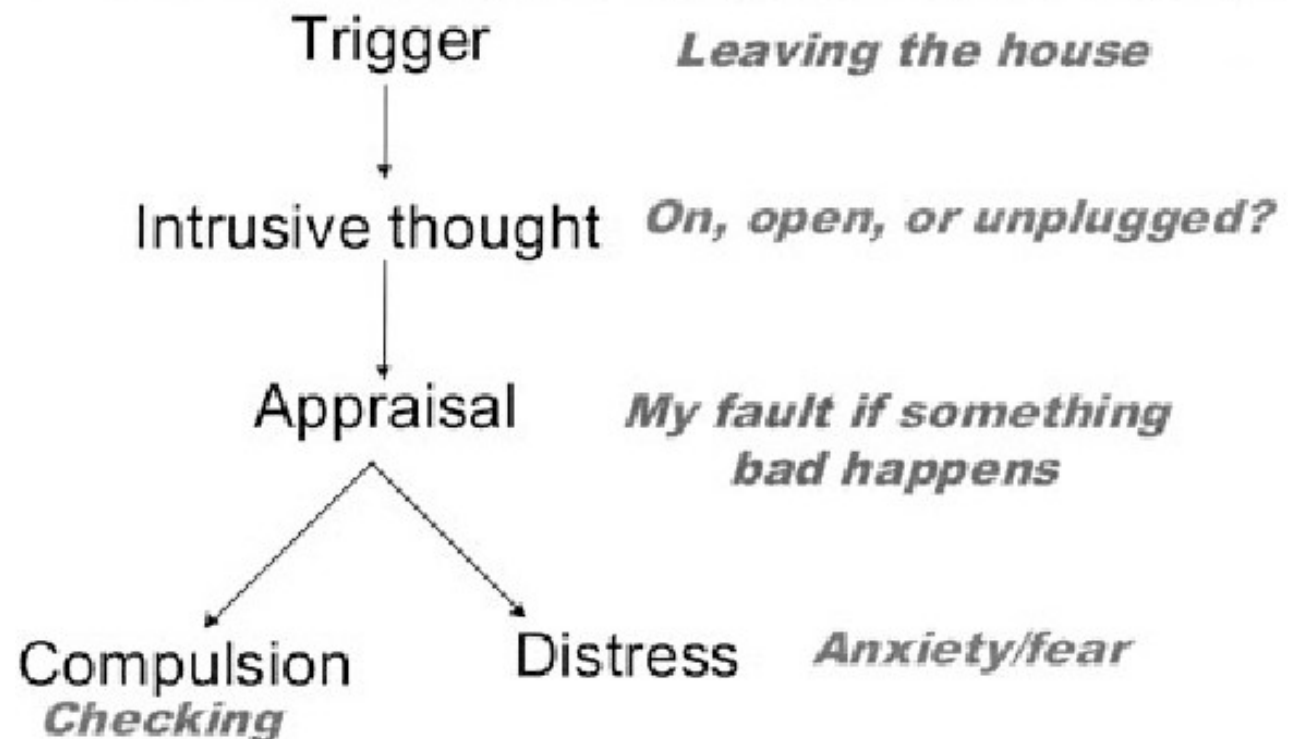


A (very complicated)
OCD formulation using
a CBT approach



Integrated schematic model describing the cognitive hypothesis of the origins and maintenance of obsessional problems.

CBT model for the maintenance of OCD





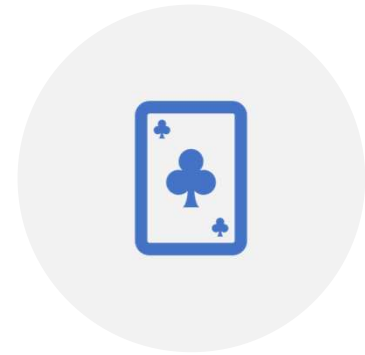
Digital Interventions



ONLINE CBT PLATFORMS



APP-BASED ERP



AI-SUPPORTED MONITORING
(NHS LONG TERM PLAN, 2024)





What are the statistics on OCD?

Find statistics about OCD in the UK online and summarise your findings in your own words. Use the list of organisations and charities on Moodle as your starting point. Be mindful to use only reliable and credible websites.

1. You could search for the prevalence of OCD, treatment types or outcomes.
2. You could also search for cases of individuals' experience of OCD including the referral and diagnostic process and treatments and support (or lack of) provided. Terms such as Patients'/service users' experience of mental health services might be helpful.
3. Post your findings on the Week 2 Moodle forum.
4. Make sure you provide citations in your summary. This especially important when the statistics may come from different times.
5. Read and respond to other's posts.

State of Mind

LIVE

Schedule

[Home](#)
[Episodes](#)

Listen now

Total Institution

Episode 1 of 5

Claudia Hammond tells the story of mental health care in the UK from the 1950s to the present day and explores, with the help of listeners' testimonies, how treatment and understanding of mental health has changed over the past 50 years.

Available now
⌚ 30 minutes

Last on

Wed 7 Jan 2009
21:00
BBC RADIO 4

More episodes

PREVIOUS

You are at the first episode

NEXT

Altered States

[See all episodes from State of Mind](#)

Current trend in using medication to manage the symptoms of different mental disorders such as

- Antipsychotics and Antidepressants
- Anxiolytics
- Mood Stabilizers