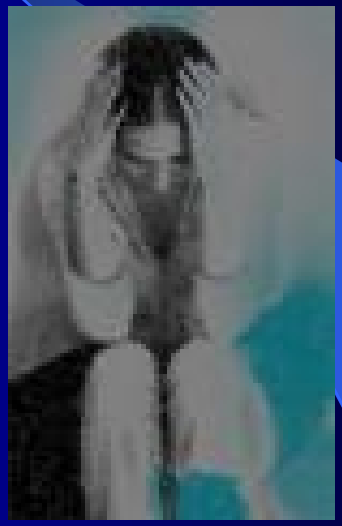
Key Psychological Health Issues From West to East

Dr Sindy Banga

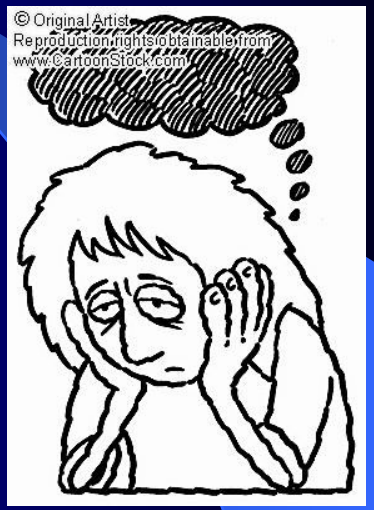
Key Issues

- Depression
- Obesity
- Alcoholism



Depression

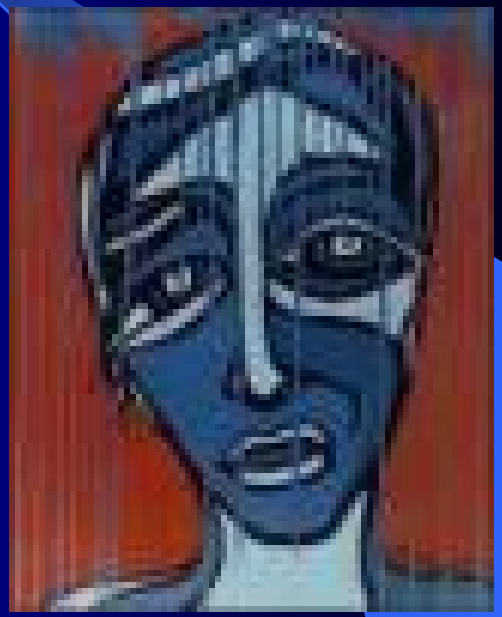
- Biology
- Behaviour
- Learned Helplessness Theory
- Cognition



Biology

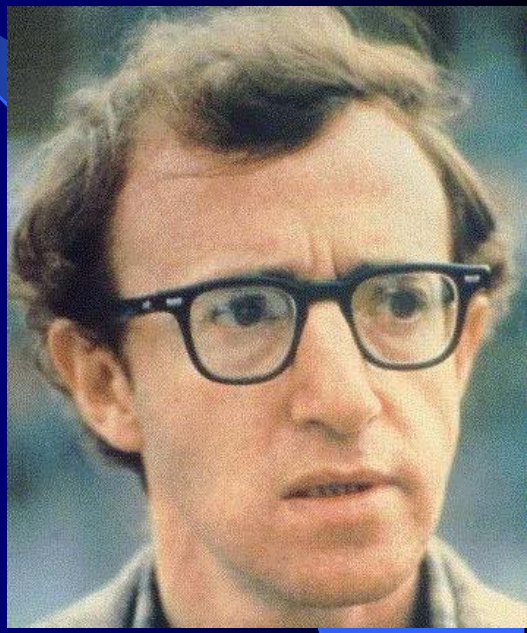
Support for genetic component of depression from:

1. High co-occurrence of depression in family members
2. Greater frequency of depression in monozygotic twins (single egg) than in dizygotic twins (separate egg)



3. Neuroticism – negative affectivity

tense, anxious, depressed, difficult to return to an even keel after a stressful episode, prone to worry, pessimistic, react powerfully to unpleasantness or pain



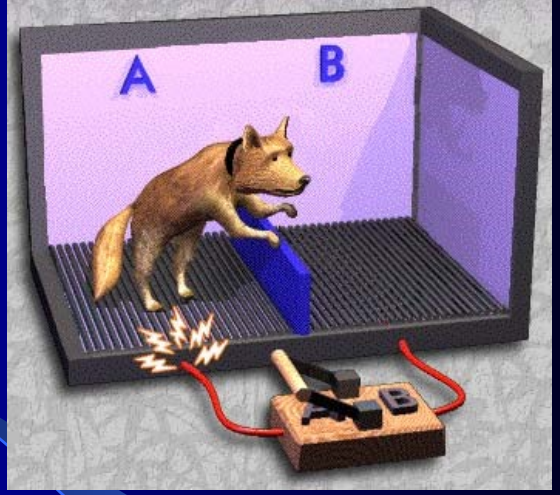
- Twin studies

  positive correlation +0.85 on neuroticism for monozygotic (identical) twins vs. +0.22 for dizygotic (fraternal) twins.

Behaviour

- Depression explained in terms of response and stimulus over-generalisation
  - E.g Job loss = loss of interest in activities; appetite, relationships, self, low self esteem….
- Depression seen as resulting from a reduction in getting positive reinforcement and behaviour leading to punishment
  - E.g loss of job is chained to other behaviours too, positive social contact, enjoyment

Learned Helplessness



Seligman (1975) dogs pretreated with inescapable shock did not attempt to escape when they could have.

- 2/3 of the dogs failed to learn the escape response because previous experience = could not escape.
- Dogs looked passive, unemotional and depressed.
- Dogs had learned that their behaviour and the shocks were independent i.e. nothing they did would make a difference.
- Dogs generalised that learned helplessness to the new situation and failed to learn that they could now escape.

Cognitions

Abramson, Seligman and Teasdale (1978) just being exposed to uncontrollable stimuli not enough for cognitive, emotional and motivational deficits to occur.

Helplessness = must expect future outcomes to be uncontrollable.

Depressogenic Attributional Style
= **internal**, **stable** and **global**

Explains why two individuals reacted differently to the same negative event

Attributions

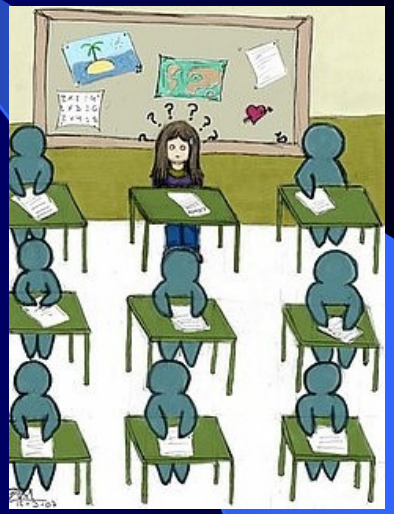
Internal – external
Stable – unstable
Global – specific

Internal = something about you 'it's me!'
External = anything outside of you e.g others, situation, environment 'it's them'
Stable = Never changing – 'it will always be the same'
Unstable = Changeable, variable according to factors
Global = Generalisable to everything 'it will affect everything'
Specific = only applicable in that particular situation 'it only affects this'

Internal / External & Stable/Unstable

VJ has just taken the philosophy exam in his Masters Psychology Course.

***He believes he did very poorly*. 'A bad event'.**



1. "Lack of philosophy knowledge"
'internal-stable' attribution

2) "I was bored with philosphy"
internal-unstable attribution

3) "Philosophy tutors give difficult exams"
external-stable attribution

4) "The exam was on Friday 13th an unlucky day!"
external-unstable attribution

Which is the most punishing attribution for VJ?

Most punishing

V J remembers that he also did poorly on cognitive, biological, social & organisational psychology, oh and research methods!

So.. the **global, internal, stable** attribution of generalised poor performance could lead to the attribution:

"I am no good at anything….."

Least punishing

V J remembers that he did very well on cognitive, biological, social & organisational psychology, oh and research methods!

Only poorly on philosophy!

Thus a stable, specific, internal attribution - low generalisation across events - would be

"I am weak at philosophy only "

Cognitive Triad - Depression

Beck (1979) Cognitive distortions & negative self & world view

Cognitive triad

1. Negative thoughts about self
   e.g. "I am a useless person"

2. Negative thoughts about a situation/environment
   e.g "my home, work, studies, life is not good"

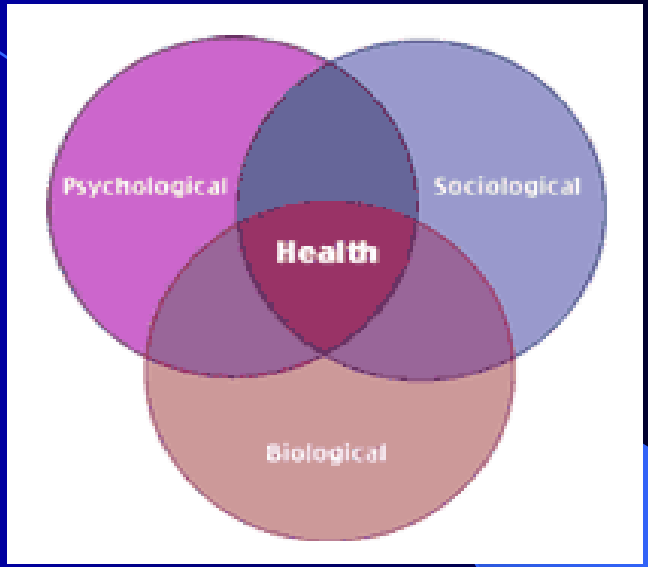
3. Negative thoughts about the future
   e.g "I will never be happy". "what is the point?"

Why does this happen? Cognitive Distortions

- Depressed person thinks in an idiosyncratic way – systematic negative bias of self & world
- has misperceptions & misinterpretations of their environment – view negativity even when a situation is positive.
- They perceive greater defeat – errors in thinking, view & remember more negatives than neutral or positive aspects
- Expect more failures – overgeneralise
- They have deficits in ABC

Contributing factors

- **Vulnerability**
  - personalities
  - coping strategies
  - social skills
  - support networks
  - life events
  - biological



- Greater the vulnerability, less the stress needed to trigger depression
- With the right amount of stress, vulnerabilities safe

OBESITY

- Approx 1.6 billion adults (age 15+) are over weight - globally
- By 2015 more than 700 million will be obese
- Increases risks of type 2 diabetes, heart disease, certain cancers (endometrial, breast & colon), stroke, back and joint pain, osteoarthritis, high blood pressure, gallstones, fatty liver, infertility, breathlessness, depression..

- Reduces life by 9 yrs
- Cost to NHS (National Audit Office 2012)

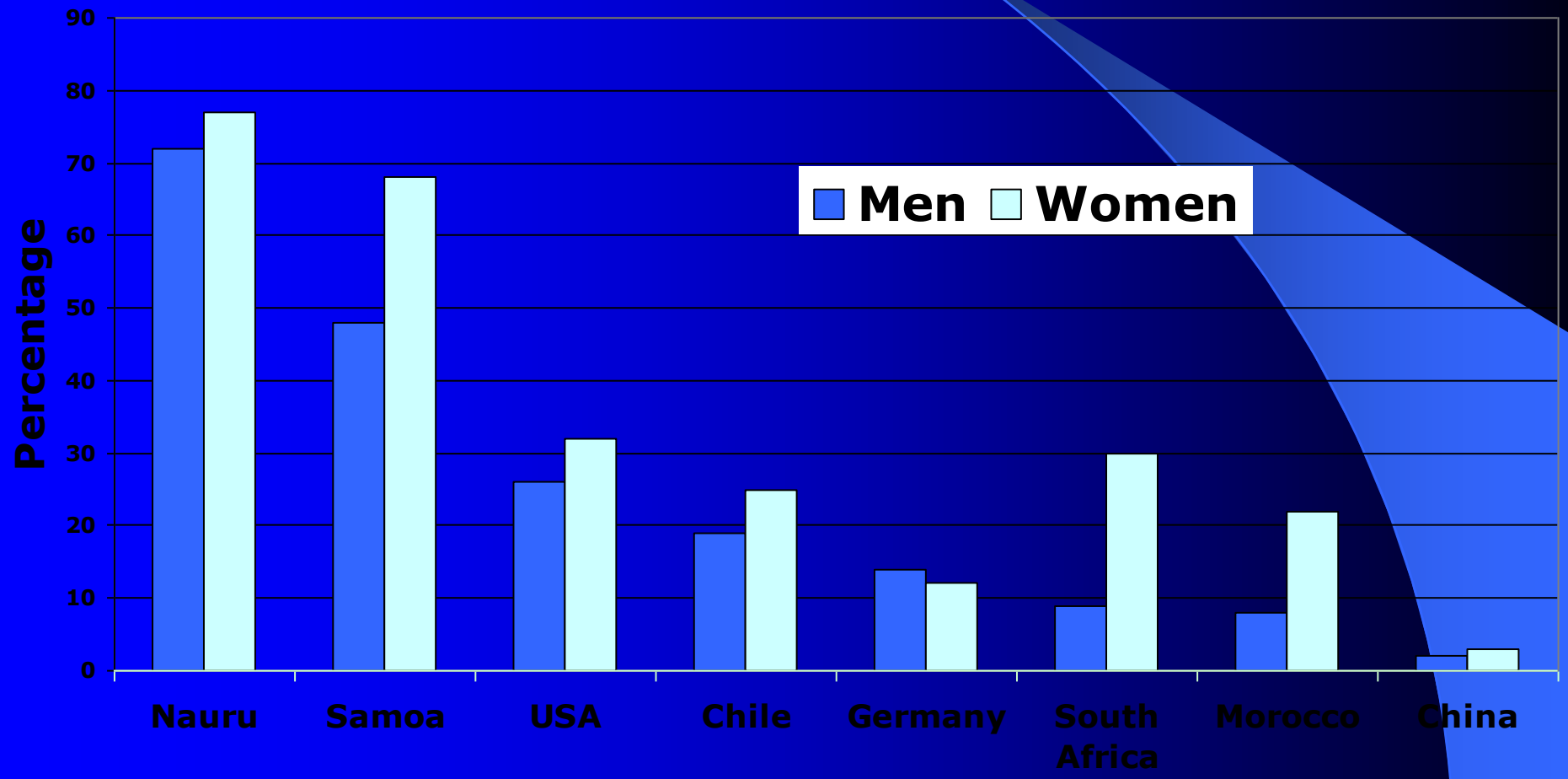
direct costs = £800m

Indirect costs = £6b

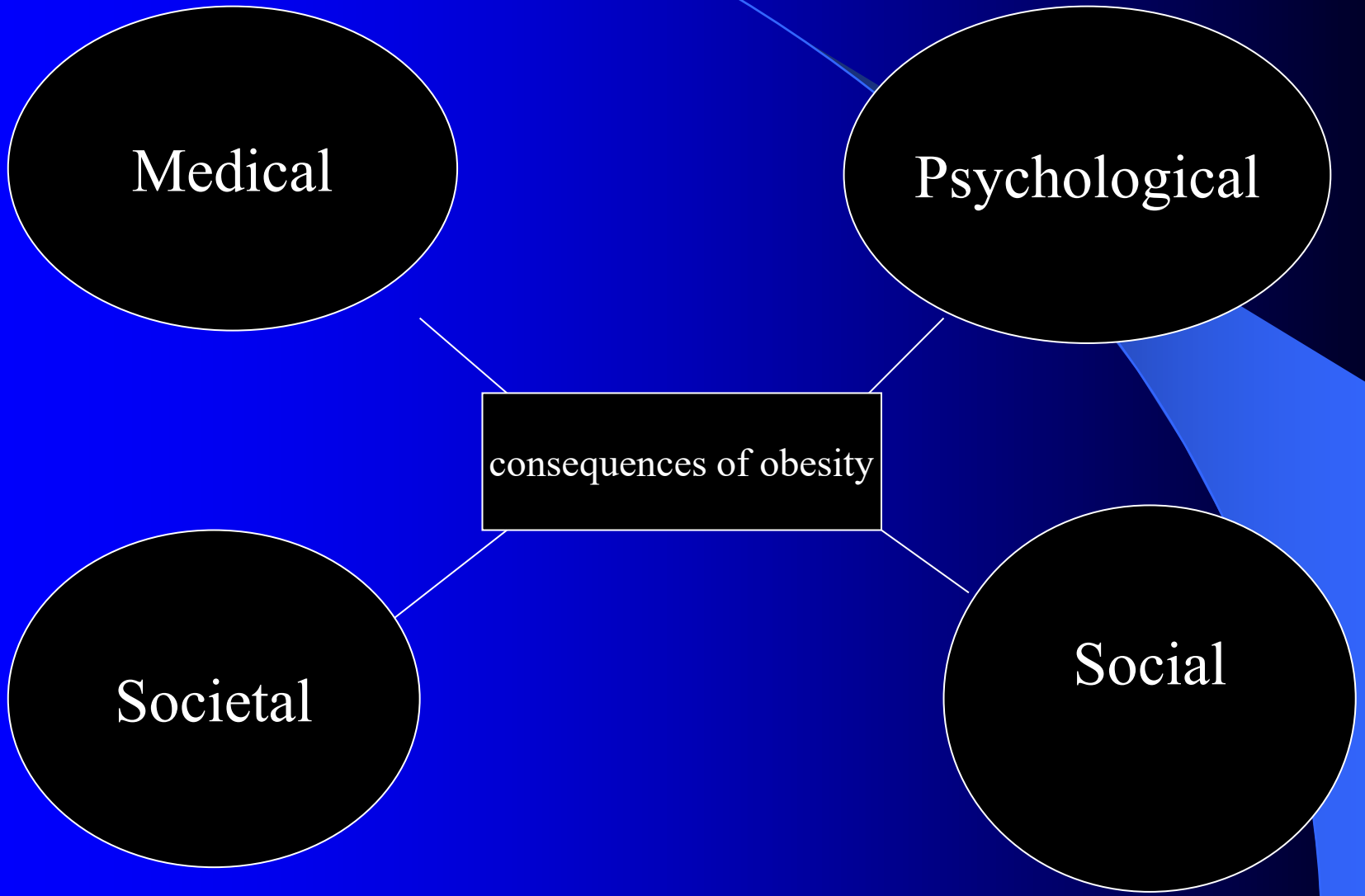
$70 billion a year in USA

- Quality of life – reduces quality perception of life
- Detracts from happiness

Obesity or “globesity"



Effects of Obesity



Psychological effects

1. Greater anxiety and depression in obese men & women
2. Greater impaired social interaction
3. Greater depression
4. Low self esteem/concept
5. Lack of confidence
6. Poor body image
7. Associations with lower income, lower sociability, lower promotion.
8. Greater bullying
9. Fears e.g. eating in public, buying clothes, being seen
10. Relationships issues.

Series of studies, in US of adults & children shown drawings of:

1. Child with no disability (healthy)
2. Child with crutches & brace on left leg (crutches)
3. Child in a wheelchair with blanket over legs (wheelchair)
4. Child with left hand missing (hand)
5. Child with left side of mouth disfigured (face)
6. Child who is obese (obese)

Participants asked to select picture of child they would find most easy to like…..

Picture then removed and same question asked with remaining pictures….

Results:

Obese child rated less likeable than all others.

This was regardless of socioeconomic status age, sex, and race of the rater.

Original - Richardson et al (1961)

Support - Goodman et al (1963)

Recent support (Latner & Stunkard 2003)

Latner & Stunkard (2003) 40 years on…..

458 boys & girls aged 10 & 11 (71% white, 12% non)

same six drawings – same results!

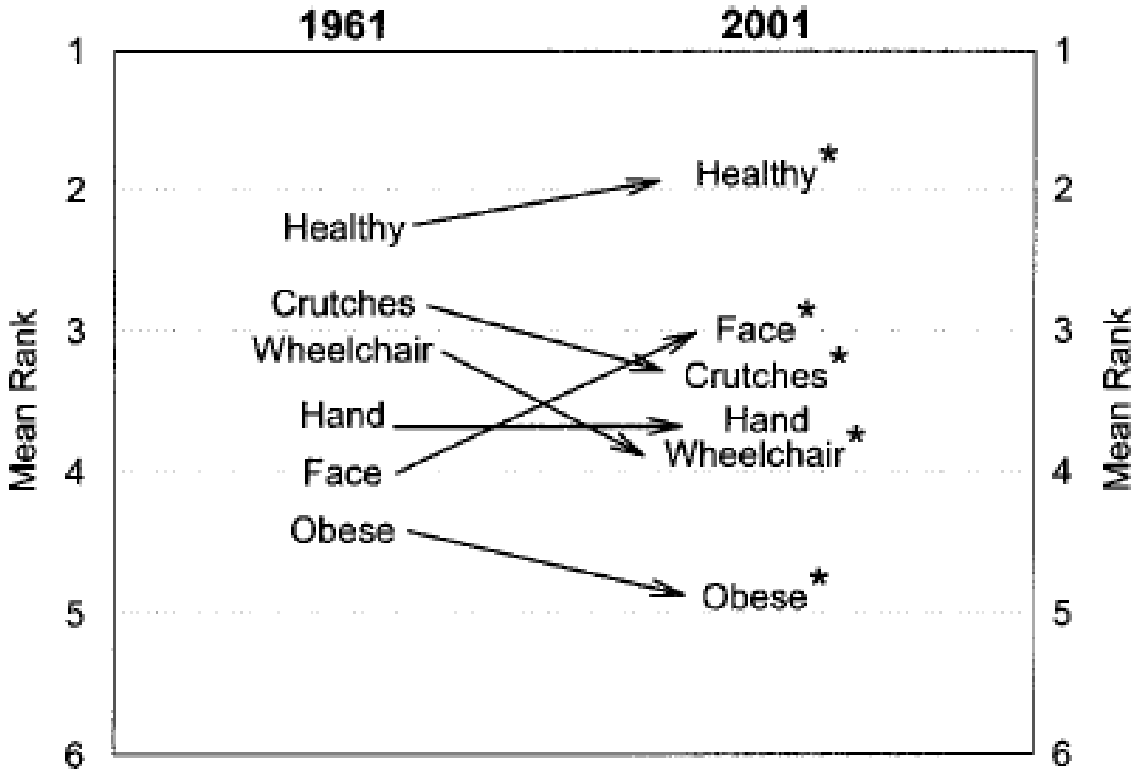
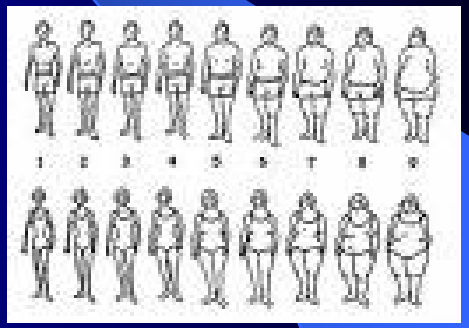


Figure 1: Rank order of drawings reported in 1961 by Richardson et al. and rank order of drawings found in the present study. Asterisks indicate significant differences at $p < 0.001$.

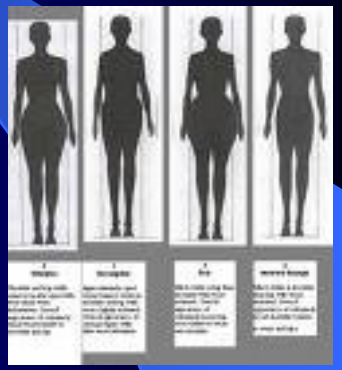
Stigma in obesity

- Children & adults stereotype obese as 'lazy, ugly & stupid (Wardle et al 2008)

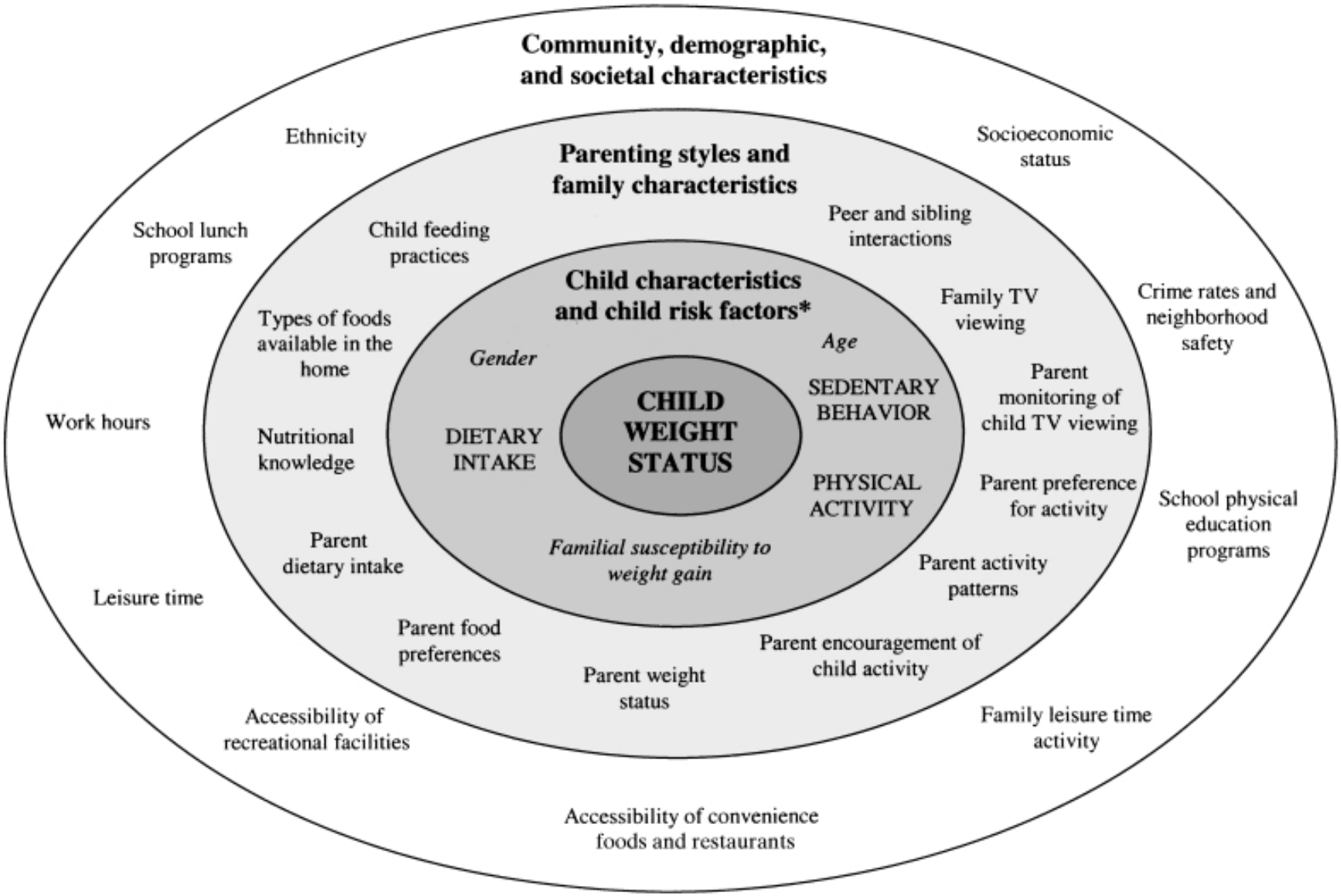
- National Institutes of Health (2009) obesity creates *"..an enormous psychological burden"*
  - *Body image*
  - *Self esteem*
  - *Emotional well-being (depression)*



- **Body Image**
  - Figure drawings
  - Gender differences
  - Ethnic differences
- **Self esteem**
  - *'balance between attainment & goals'*
  - Global or specific domains
  - Not all obese children have low self esteem
- **Depression**
  - Mixed finding comparing community-based studies & clinical groups
  - Chicken or egg? Causation
  - Ethnicity & gender confound findings



Davidson & Birch (2001) Ecological Systems Theory



Genetics?

Obesity runs in families.

0 obese parents = 20% overweight children

1 obese parent = 40% overweight children

2 obese parents = 80% overweight children

Stunkard et al (1986) found similarities only between children and biological parents – not adoptive ones

Genetic vs. Environmental influences?

Nature vs. Nurture debate

Research

Internality-externality

- Internal cues e.g stomach movements
- Presence of food, location, time of day
- Cashew study
- Diets
- Locus of Control

Levenson (1974) divided Rotter's locus of control into three dimensions:

- 1. The tendency to attribute control over events internally – "up to me to control my eating and exercise"
- 2. The tendency to attribute control over events to powerful others – "obesity as controlled by healthcare professionals"
- 3. The tendency to attribute control over events to luck or chance – "born with 'fat genes' can't change it"

Multidimensional health locus of control scale

- Internals engage in preventive health behaviours
  - tried and engaged in programmes
- Internals comply with treatment advice
  - Increased efforts when weakening
- Externals suffering from heart disease more likely to believe themselves to be susceptible to further heart problems
  - attributed problem to uncontrollable factors e.g. genetic predisposition, bad luck, stress due to families

Locus of Control
Internals vs. Externals

- Internals more likely to take responsibility for their actions than are externals
- Externals belief in luck, fate, destination or external factors
- Externality = defensive mechanism, serves the psychological function enabling people to preserve their self-esteem in the face of failure

Alcoholism

Over consumption kills /disables young age, resulting in the loss of many years of life to death or disability.

- Worldwide alcohol causes 2.5 million deaths & 60.5 million disabilities
- Hospital inpatients (+ day visits) cost UK approx £140 million (2011)
- A+E cost approx £400 (2011)
- Alcohol related crime cost £45 million (2010)
- 2000 young people a week suffer from serious facial injuries due to drunken assaults (2010)
- 22,000 young people scared for life

The role of T V

Unhealthy behaviours may accompany TV viewing:

1. Eating snacks, drinking, smoking
2. Change in family eating habits to watch TV (takeaways), effects of TV on sleep
3. TV vs. activity
4. ‘Sitting’ burns few calories
5. Cues

Observation Learning

- 18 peak age for drunkenness convictions & cautions –UK

Problem starts much earlier:

- 2010 = a child under 10 admitted to hospital every three days in UK
- 20,000 teenagers (16 & 17) admitted to A&E 2012
- 18-24 year olds binge drinking a growing concern

Typical reasons for drinking?

- To change mood – feel happier, escapism, forget problems, the 'buzz', boredom
- Get confidence, explore sexual relationships
- Increase enjoyment in social situations
- To be accepted by peers, for bonding, gain respect
- Cope with stress, relaxation
- Develop trust with friends
- An excuse for bad behaviour
- Media influence
- Parents abuse alcohol – vicarious learning. Protest, encouragement
- Culture of heavy drinking 'normal'

Psychological consequences of excessive alcohol consumption

Cognitive impairment

- Brain damage (loss of brain tissue & brain cells) esp. in maturing brain
- Vocabulary, memory, learning, sleep cycle effected
- Alcohol dementia = global decline in intellect affecting frontal area & memory
- Korsakoff's Psychosis (memory dysfunction, inability to remember recent events or to learn new information)

……Cognitive impairment

- Hippocampi (area handling memory & learning) 10% smaller than in non-drinkers
- Low motivation
- Low self concept
- Education
  - **High school, college, university drop out**

Behavioural impairment

- Ataxia, (impaired coordination while walking)
- Abnormal eye movements affecting NVC
- Convulsions due to alcohol poisoning
- Hospitalisation due to oesophagus haemorrhage, heart disease, oral cancer…..
- Violence due to impaired judgement

……Behavioural impairment

- Accidents, drinking and driving
- Hangover results in poor performance, sickness and errors
- Financial costs
- Fatigue
- Unprotected sex)1 in 7 16-24) = STD / Pregnancies

……Emotional impairment

World Health Organization's *International Classification of Diseases, Tenth Revision* (ICD-10)

- **Alcohol and depression**
- **self-medication for depression**
- **Most depressive symptoms remit once abstinence from alcohol has been achieved**

……Emotional impairment

- ‘Empty’ calories – malnutrition & weight gain, leading to further anxiety and depression
- Dependency in later life, requiring higher dosage
- Panic attacks, anxiety disorders
- Reduced quality of life
- Relationships are impaired/conflicts
- Associations with other drugs
- Poor self esteem
- Mood swings

THE END

Thank You for your attention