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WHAT IS OBSESSIVE – COMPULSIVE DISORDER?

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Abstract. *This article is dedicated to obsessive compulsive disorder, the article examines the emergence of the concept of OCD and how does it manifest.*

Keywords: *obsessive compulsive disorder (OCD), mental, behavioral, obsession, compulsion, phenomena, religious melancholy, consciousness, ritual, stereotypes.*

Obsessive – compulsive disorder (OCD) is a mental and behavioral disorder in which a person has intrusive thoughts, or an obsession and feels the need to perform certain routines/compulsions repeatedly to relieve the distressed caused by the obsession, to the extent where it impairs general function. Many adults with OCD are aware that their compulsions do not make sense, but they perform them anyway to relieve the distress caused by obsessions Compulsions occur often, typically taking up at least one hour per day and impairing one's quality of life [1].

Obsessive phenomena have been known for a long time. From the 4th century BC obsessions were part of the structure of melancholia. So, her Hippocratic complex included: "Fears and despondency that exist for a long time." In the Middle Ages, such people were considered as obssesed. The first clinical description of the disorder belongs to Felix Plater (1614)[2]. In 1621, Robert Burton in his book Anatomy of Melancholy described the obsessive fear of death. Similar obsessive doubts, fears were described in 1660 by Jeremy Taylor and John Moore, Bishop of Ele . In 17th-century England, obsessions were also referred to as "religious melancholy", but, on the contrary, they were believed to occur due to excessive devotion to God.

In the 19th century, the term “neurosis” was widely used for the first time, and obsessions were also described as a part of it. Obsessions began to be differentiated from delirium, and compulsions from impulsive actions. Influential psychiatrists debated whether OCD should be classified as a disorder of the emotions, will, or intellect[3].

In 1827, Jean-Étienne Dominique Esquirol described one of the forms of obsessive-compulsive disorder - the "disease of doubt" (French folie de doute). He vacillated between classifying it as a disorder of the intellect and the will.

In 1858 I. M. Balinsky noted that all obsessions have a common feature - alienation to consciousness, and proposed the term "obsessive state". The representative of the French psychiatric school, in 1860 Benedict Augustin Morel, considered the cause of obsessive states to be a violation of emotions through a disease of the autonomic nervous system, while representatives of the German, W. Griesinger and his student Karl-Friedrich-Otto Westphal, in 1877 indicated that they emerge with an otherwise unaffected intellect and cannot be expelled from consciousness by it, and are based on a thought disorder similar to paranoia. It is the term of the latter German. Zwangsvorstellung, translated into English in the UK as English. obsession, and in the USA - English. compulsion gave the disease its modern name.

Patients with OCD are suspicious people[4], prone to rare maximally decisive actions, which is immediately noticeable against the background of their dominant calmness. The main

signs are painful stereotyped, obsessive (obsessive) thoughts, images or drives, perceived as meaningless, which in a stereotyped form again and again come to the mind of the patient and cause an unsuccessful attempt at resistance. Their characteristic themes include:

- fear of infection or pollution;
- fear of harming yourself or others;
- violent thoughts and images;
- fear of losing or not having some things that you may need;
- order and symmetry: the idea that everything should be lined up “correctly”;
- superstition, excessive attention to something that is seen as good luck or bad luck.

Compulsive actions or rituals are stereotyped actions repeated over and over again, the meaning of which is to prevent any objectively unlikely events or simply meaningless rituals. Obsessions and compulsions are more often experienced as alien, absurd and irrational. The patient suffers from them and resists them.

The following symptoms are indicators of obsessive-compulsive disorder:

- intrusive, repetitive thoughts;
- anxiety following these thoughts;
- certain and, in order to eliminate anxiety, often repeated identical actions.

A classic example of this disease is the fear of pollution, in which the patient has every contact with dirty, in his opinion, objects causes discomfort and, as a result, obsessive thoughts. To get rid of these thoughts, he begins to wash his hands. But even if at some point it seems to him that he has washed his hands enough, any contact with a “dirty” object forces him to start his ritual again. These rituals allow the patient to achieve temporary relief. Despite the fact that the patient is aware of the senselessness of these actions, he is not able to fight them.

People with OCD experience intrusive thoughts (obsessions), which are usually unpleasant. Any minor events are capable of provoking obsessions - such as an extraneous cough, contact with an object that is perceived by the patient as non-sterile and non-individual (handrails, doorknobs, etc.), as well as personal fears not related to cleanliness. Obsessions can be frightening or obscene, often alien to the patient's personality. Exacerbations can occur in crowded places, for example, in public transport.

To combat obsessions, patients use protective actions (compulsions). Actions are rituals designed to prevent or minimize fears. Actions such as constantly washing hands and washing, spitting saliva, repeatedly avoiding potential danger (endless checking of electrical appliances, closing the door, closing the zipper in the fly), repeating words, counting. For example, in order to make sure that the door is closed, the patient needs to pull the handle a certain number of times (while counting the times). After performing the ritual, the patient experiences temporary relief, moving into an "ideal" post-ritual state. However, after some time, everything repeats again.

At the moment, the specific etiological factor is unknown. There are several valid hypotheses. There are 3 main groups of etiological factors[5]:

- Biological; - Genetic; - Psychological

Sociological (micro- and macro-social) and cognitive theories (strict religious education, environmental modeling, inadequate response to specific situations).

In 1909, Sigmund Freud published the 1907 work "Notes on a Case of Obsessional Neurosis", describing a case that went down in history as "The Case of the Man with the Rat" (or the Rat Man), a description of the psychoanalysis of obsessive-compulsive disorder.

According to I. P. Pavlov, obsessive-compulsive disorder occurs in people with different types of higher nervous activity, but more often in the mental "truly human type"[6].

Pavlov believed that obsessions have a mechanism in common with delirium. Both are based on pathological inertia of excitation, the formation of isolated "large points" of foci of unusual inertness, increased concentration, extreme tonicity of excitation with the development of negative induction. The inert focus of excitation in obsession does not suppress the excitation of competing foci, as in delirium.

Chronization is most characteristic of OCD. Episodic manifestation of the disease and complete recovery is relatively rare (acute cases may not recur). Approximately 1 in 50 people will suffer from OCD at some point in their lives, men and women equally.

In many patients, especially with the development and preservation of one type of manifestation is possible (arithmomania, ritual handwashing), a long-term stable condition. In such cases, there is a gradual mitigation of psychopathological symptoms and social readaptation.

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