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Psixologiya fanlari bo'yicha falsafa doktori B.Norbekova taqrizi asosida

IDENTIFYING OBSESSIVE – COMPULSIVE DISORDER AMONG OTHER PSYCHOLOGICAL DISORDERS

Annotation

In this article is observed how to recognize obsessive compulsive disorder among other psychological disorders which can be easily confused with.

Key words: Obsessive-compulsive disorder, behavior, mental, neurosis, compulsion, symptoms.

ВЫЯВЛЕНИЕ ОБСЕССИВНО-КОМПУЛЬСИВНОГО РАССТРОЙСТВА СРЕДИ ДРУГИХ ПСИХОЛОГИЧЕСКИХ РАССТРОЙСТВ

Аннотация

В данной статье рассматривается, как распознать обсессивно-компульсивное расстройство среди других психологических расстройств, с которыми легко спутать.

Ключевые слова: Обсессивно-компульсивное расстройство, поведение, психика, невроз, навязчивость, симптомы.

PSIXOLOGIK BUZILISHLAR ORASIDA OBSESSIV-KOMPULSIV BUZILISHNI ANGILASH

Annotatsiya

Ushbu maqolada osongina chalkashib ketishi mumkin bo'lgan boshqa psixologik kasalliklar qatorida obsesif-kompulsiv buzuqlikni qanday aniqlash mumkinligi ko'rsatilgan.

Kalit so'zlar: Obsesif-kompulsiv buzuqlik, xatti-harakatlar, aqliy, nevroz, majburlash, alomatlar.

Introduction. Psychology is a young field compared to other sciences. Initially, it was developed as a department within other disciplines, and now it is developing rapidly. Mental health of people has never been such an urgent and priority task for the whole world. In recent years, climate change, the COVID-19 pandemic, the emergence of new diseases caused by various factors have directly or indirectly is having an effect the human psyche. The state of mental health around the world is alarming. Even before the pandemic, nearly one billion people suffered from a diagnosed mental illness, 82% of whom lived in low- or middle-income countries (LMICs), and people with severe mental illness died 10 to 20 years earlier than the general population. Then the COVID 19 pandemic undermined the mental health and well-being of many people with and without such problems, exacerbating systemic gaps in health care and socioeconomic inequality. As a result of the pandemic, the prevalence of depression and anxiety worldwide is estimated to have increased by 25 to 27 percent.

Although scientists have made progress in understanding the causes and treatments of mental illness over the past 20 years, there has been little progress in improving the coverage and quality of services.

Obsessive Compulsive Disorder is a common and debilitating anxiety disorder in which a person experiences obsessive thoughts and compulsive behaviors. For the approximately 2% of the world's population with obsessive-compulsive disorder, daily tasks can become increasingly difficult, and their disorder can interfere with all aspects of their lives, particularly those that are most valued by the sufferer.

It would seem that excessive attentiveness is wonderful. However, the disease differs from the normal state

in that it interferes with everyday life and work; a person cannot concentrate on ordinary activities or get annoying thoughts out of his head. Therefore, sooner or later, such patients turn to doctors for help, either themselves, or they are brought by relatives.

Specialists have been looking for the cause of this condition for a long time. In the Middle Ages it was even believed that such people were possessed by a demon (however, the same was thought about a number of other diseases). Later it turned out that this is a form of neurosis. And Z. Freud even considered obsessive – compulsive disorder to be a manifestation of hidden sexual problems.

The basis of obsessive – compulsive disorder is a predisposition to develop anxiety. Predicates of the disease are increased anxiety, aggressiveness in children, anxious-suspicious, anancastic accentuation of the character of adolescents. The trigger mechanism is family dysfunction, strict rules, and excessive, impossible demands on the child. Education cultivates moral responsibility; the main values are adherence to duty and ignoring bodily and emotional needs. As a result of the suppressed conflict between needs and internal attitudes, obsessive thoughts arise and anxiety increases. Emotional tension is reduced by performing obsessive actions that bring short-term relief.

Research methodology.

Obsessive fears or phobias have many varieties, each of which has its own name:

cancerphobia – fear of getting cancer;
claustrophobia – closed space;
agoraphobia – open areas;
thanatophobia – death;
arachnophobia – spiders;
nosophobia – infections.

Fear is irrational in nature; no beliefs, arguments or evidence have any effect on the patient. To protect against imaginary danger, the patient creates his own rituals or repetitive actions, which he performs in strict sequence.

A classic example of obsessive-compulsive disorder: a patient with nosophobia cannot touch anything before washing his hands three times with hot water and soap. For some patients, the fear of infection is so strong that it forces them to wash the floors several times a day with an undiluted disinfectant solution. The fact that there is nothing to breathe in the room and the skin on the hands is cracking until it bleeds does not matter to the patient. In such an advanced case, we are no longer talking about any social adaptation; the patient simply cannot leave the house to get to work or to the store.

In preschool age, obsessive-compulsive disorder does not have a clear classification; the predominance of phobias, movements or actions is determined. Obsession neurosis in schoolchildren has the following forms:

Phobic neurosis. The central place is occupied by phobias - formalized fears. Typical for ages 5-7 years.

Compulsive neurosis. Manifested by obsessive actions. Peak incidence is 6-8 years.

Obsessive neurosis. Obsessive, repetitive thoughts - concepts, ideas - predominate. This form is typical for teenagers.

There are many factors that influence the development of obsessive – compulsive disorder.

Genes – obsessive – compulsive disorder is a complex disorder. Research has shown that there are various genetic risk factors that influence the development of obsessive – compulsive disorder. Relatives of people with obsessive – compulsive disorder are more predisposed to this disease.

Stress – Stressful life events can trigger this condition in about a third to two-thirds of cases.

Life changes are times when a person has to take on more responsibility: during puberty, the birth of a child, or a new job.



Picture 1. Cycle of obsessive compulsive disorder

Brain changes - We don't know if this is a cause or effect of obsessive – compulsive disorder, but if symptoms persist for a long time, researchers believe there may be changes in the way the chemical serotonin (also known as 5HT) works in the brain.

Personality – If you are a neat, meticulous, methodical person with high standards, then you may be more prone to developing obsessive – compulsive disorder. These traits are usually helpful, but they can turn into obsessive – compulsive disorder if they become too strong.

Analysis and results

Ways of thinking - almost all of us have strange or disturbing thoughts or images in our heads from time to time - "what if I run out in front of this car?" or "I may harm my child." Most people quickly discard these thoughts and move on with their lives. But if you have extremely high standards of morality and responsibility, you may feel especially bad when experiencing such unpleasant thoughts. To the point where you will start to be wary and keep a close eye on them, which will make their appearance even more likely.

There is a classification of obsessive-compulsive disorder in children according to the characteristics of its course. There is a single appearance of symptoms, which subsequently persists for weeks, months or years; relapsing form with periods of complete recovery; continuous course with periodic intensification of symptoms.

The child cannot change them; he tries to ignore, suppress, and replace them with concentration on actions. Obsessions about pollution, disasters, accidents, symmetry, and religious ideas are common. Disturbing thoughts contribute to an increase in anxiety; to eliminate it, the patient performs certain actions - compulsions. They can be external (counting objects, closing and opening a door), internal (counting, repeating a prayer). Sometimes compulsions arise due to a spontaneous, vague feeling of anxiety, discomfort (without obsession).

Among the most common types of obsessive-compulsive disorders are excessive anxiety about the location of things. It is compensated by arranging school supplies, books, and clothes according to a certain system. The child is committed to the principle of symmetry, increasing size, increasing color intensity. Anxiety is often associated with possible accidents. To reduce it, patients with obsessive-compulsive disorder perform rituals several times in a row designed to ensure safety (rechecking the switched off stove, iron, closed window), actions that "work" as signs ("I'll look in the mirror three times - everything will be fine"). The fear of getting a bad grade forces the child to recheck the completed assignment many times. Concern about infection and contamination is manifested by frequent hand washing, rinsing the mouth, and using disinfectant wipes.

Anxious thoughts are not voiced by the patient, are frightening, and are recognized as incorrect. Silence remains, there is a fear of being judged, being declared sick. Complex stable ideas are transformed into phobias. Children also try to hide repetitive actions from adults; the reason for visiting a doctor is often secondary symptoms of obsessive-compulsive disorder - anxiety, depression, isolation, and decreased school performance.

Obsessive-compulsive disorder in children is diagnosed by a specialist. The main research method is a clinical conversation with a parent and child. The doctor clarifies the onset of obsessions, their nature, and frequency. Uses questioning and observation to assess emotional state. If necessary, a clinical psychologist conducts testing, the purpose of which is to identify tension, anxiety, depression, anancastic, anxious and suspicious personality traits. The specialist uses projective techniques - drawing tests, methods of interpreting figurative material. The personal sphere of adolescents is studied using the pathocharacterological diagnostic questionnaire (PDC).

A differential diagnosis of obsessive-compulsive disorder with diseases and conditions with similar manifestations is required. These include:

Common childhood rituals. Bedtime rituals, following the rules of the game or agreements between children, collecting, and imitation of idols are taken as obsessions. Normal rituals change as we grow older and contribute to development, adaptation, and socialization.

Primary depression. obsessive-compulsive disorder and depression can develop in parallel. Primary is the disease whose symptoms appeared earlier. With simultaneous onset, depressive disorder is considered primary.

Emotional disorders. Obsessive-compulsive disorder often occurs with phobias and panic attacks. Based on the severity of symptoms, the underlying and concomitant diseases are diagnosed.

Autism spectrum disorders (ASD) are manifested by rituals and repetitive actions. Violations of social interaction, communication, and intelligence are also identified.

Schizophrenia. Among the symptoms of pathology are repetitive rituals, actions, and dominant ideas. They are imposed (not intrusive). They are expressed by delusions, vocal hallucinations, orders to do something.

Anorexia nervosa. There are thoughts and ideas about nutrition, actions are aimed at avoiding food and dirt. In obsessive-compulsive disorder, a realistic body image is maintained. It is possible to make two diagnoses at the same time.

Tourette's syndrome. The disease manifests itself in tics, but the basis of their origin is different than in the development of obsessive-compulsive disorder.

Here are some things one can do help himself that have helped other people with obsessive – compulsive disorder.

Person should remember it is not his fault and he is not “going crazy.”

He should think about his anxious thoughts more often. It sounds strange, but this will help you him them better. He can record them - on a tape recorder or on paper, and then listen or re-read them. He should do this regularly, for about half an hour every day, until his anxiety decreases.

Try to resist compulsive behavior, but not compulsive thoughts.

One should not use alcohol or street drugs to combat anxiety.

Conclusions. Obsessive-compulsive disorder is characterized by persistence. Without the help of specialists, children develop social maladjustment. Medication and psychotherapeutic assistance slow down the progression of the disease and, in some cases, lead to complete recovery. Improvement in well-being is not a reason to refuse treatment on your own, since there is a high risk of relapse. In the prevention of obsessive-compulsive disorder, the main role is played by the harmony of family relationships. Parents need to create conditions that prevent the development of anxiety: avoid quarrels and scandals, use cooperation and agreements as an educational tool, support the child, refuse criticism and inflated demands.

REFERENCES

1. History . Obsessive-Compulsive and Related Disorders. Stanford School of Medicine.
2. Nardone Giorgio, Portelli Claudette. Obsessive-compulsive disorder: understanding and overcome. Short-term strategic therapy. lane from Italian E. Pervysheva, with with the participation of P. Sinitsa. – M: 1000Bestsellers, 2020. – 168 pp.
3. Вег Аллен. Услышать и остановиться. Терапевтические истории для лечения обсессивно-компульсивного расстройства. - СПб: Питер, 2020. – 208 стр
4. Разуваев В.Ю., Манухин М.М. Обмани свой мозг. Обсессивно-компульсивное расстройство - М.: 1000 Бестселлеров, 2020. - 206 с.
5. Khudaiberdieva Dilorom Khaidar qizi, How does obsessive -compulsive disorder manifest itself? science and innovation international scientific journal volume 2 issue 4 APRIL 2023
6. Khudaiberdieva Dilorom Khaidar kizi, How obsessive compulsive disorder effects on daily life. Republican scientific and practical conference 30-may 2023
7. Khudaiberdieva Dilorom Khaidar kizi What is obsessive – compulsive disorder? science and innovation international scientific journal volume 2 issue 3 march 2023
8. Khudaiberdieva Dilorom Khaidar kizi, Obsessive compulsive disorder history and factors.
9. <https://academics.uz/index.php/conference/article/view/2226>
10. https://ru.wikipedia.org/wiki/Обсессивно-компульсивное_расстройство