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## PSYCHOLOGICAL FEATURES OF OBSESSIVE-COMPULSIVE DISORDER MANIFESTATION IN STUDENTS

In recent years, there has been an increase in cases of obsessive-compulsive disorder (OCD) among first-year students, highlighting the relevance of studying this issue. OCD is classified as a neurotic and stress-related disorder, often manifesting during adolescence and early adulthood. This disorder significantly affects social adaptation and professional development among young people, underscoring its social significance and the need for scientific investigation. The study aims to identify the effects and interactions of individual personality traits on the development of OCD in first-year students. The primary directions of the research include analyzing risk factors and predictors of OCD, such as genetic predisposition, family upbringing style, anxiety levels, and characteristics of personal control. The scientific and practical significance of this work lies in the necessity for early diagnosis and prevention of OCD among students, as this disorder reduces resilience, academic performance, and quality of life. Identifying key predictors enables the enhancement of mental health support programs and improves the effectiveness of interventions within the student population.

The research methodology is based on an interdisciplinary approach, integrating general, social, and clinical psychology. The study employed various methods, including the Symptom Checklist-90-R (SCL-90-R) screening test for psychopathology, adapted by N.V. Tarabrina; the Big Five Personality Test, adapted by L.F. Burlachuk; and the anxiety self-assessment scale by C.D. Spielberger. The main findings revealed that risk factors for OCD development may include individual personality traits such as heredity, authoritarian upbringing, high anxiety levels, excessive self-control, and a tendency toward pedantry. These factors form the psychological profile of first-year students showing symptoms of OCD. The value of the study lies in the in-depth understanding of OCD predictors and the potential to develop preventive strategies aimed at supporting students in conditions of increased academic and emotional demands. The practical significance of the study's findings is that the data obtained can be used to design comprehensive programs for psychodiagnostics and OCD prevention. These programs would aim to reduce psychological risks among students and foster an environment that supports their successful adaptation and self-realization in an academic setting.

**Key words:** obsessives, compulsions, disorder, students, self-control, anxiety.

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### Оқушылардың обсессивті-компульсивті бұзылуының психологиялық ерекшеліктері

Соңғы жылдары кіші сынып оқушылары арасында обсессивті-компульсивті бұзылыс (ОКБ) көріністерінің өсуі байқалды, бұл осы мәселені зерттеудің өзектілігін көрсетеді. ОКБ – жасөспірімдік және жасөспірімдік жаста жиі көрінетін невротикалық және стресстік бұзылулардың бірі. Бұл бұзылыс жастардың әлеуметтік бейімделуіне және кәсіби дамуына айтарлықтай әсер етеді, бұл оның әлеуметтік маңыздылығын және ғылыми зерттеулер үшін өзектілігін анықтайды. Зерттеудің мақсаты – бірінші курс студенттері арасында обсессивті-компульсивті бұзылыстың дамуына жеке тұлғалық қасиеттердің ықпалы мен өзара әсер ету ерекшеліктерін анықтау. Зерттеудің негізгі бағыттарына генетикалық бейімділік, отбасылық тәрбие, алаңдаушылық деңгейі және жеке бақылау ерекшеліктері сияқты ОКБ қауіп факторлары мен предикторларын талдау кіреді. Жұмыстың ғылыми-тәжірибелік маңыздылығы студенттер арасында ОКБ-ны ерте диагностикалау және алдын алу қажеттілігімен түсіндіріледі, өйткені бұл бұзылыс жастардың өміршеңдігін, оқу үлгерімін және өмір сүру сапасын төмендетеді.

анықтау психикалық денсаулықты қолдау бағдарламалары мен колледж популяцияларына араласуды жақсарты алады.

Зерттеу әдістемесі жалпы, әлеуметтік және клиникалық психологияны қамтитын пәнаралық көзқарасқа негізделген. Зерттеу барысында N.V. бейімделген, психопатологияға арналған Symptom Checklist-90-R (SCL-90-R) скринингтік тесті сияқты әдістер қолданылды. Тарабрина, «Үлкен бестік» тұлға сауалнамасы (Л.Ф. Бурлачук бейімделген) және мазасыздықты өзін-өзі бағалау әдісі К.Д. Спилбергер. Зерттеудің негізгі нәтижелері ОКБ дамуының қауіп факторларына тұқым қуалаушылық, авторитарлық ата-аналық стиль, алаңдаушылықтың жоғары деңгейі, шамадан тыс өзін-өзі бақылау және педантизмге бейімділік сияқты жеке тұлғаның ерекшеліктері болуы мүмкін екенін көрсетті. Бұл факторлар ОКБ белгілерін көрсететін бакалавриат студенттерінің психологиялық портретінің негізін құрайды. Зерттеудің құндылығы ОКБ болжаушыларын терең түсінуде және академиялық және эмоционалдық стресстің жоғарылауы жағдайында студенттерді қолдауға бағытталған профилактикалық стратегияларды құру мүмкіндігінде жатыр. Жұмыс нәтижелерінің практикалық маңыздылығы мынада: алынған мәліметтерді студенттер арасындағы психологиялық тәуекелдерді төмендетуге және олардың білім беру ортасына сәтті бейімделуі мен өзін-өзі жүзеге асыруына жағдай жасауға бағытталған психодиагностика және ОКБ профилактикасының кешенді бағдарламаларын жасауға пайдалануға болады.

**Түйін сөздер:** обсессиялар, компульсиялар, тәртіпсіздік, студенттер, өзін-өзі бақылау, мазасыздық.

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### Психологические особенности проявления обсессивно-компульсивного расстройства у студентов

В последние годы отмечается учащение проявлений обсессивно-компульсивного расстройства (ОКР) у студентов младших курсов, что подчеркивает актуальность исследования данной проблемы. ОКР относится к числу невротических и стрессовых расстройств, часто проявляющихся в подростковом и юношеском возрасте. Это расстройство существенно влияет на социальную адаптацию и профессиональное становление молодежи, что обуславливает его социальную значимость и актуальность для научного исследования. Цель исследования – выявить особенности влияния и взаимовлияния индивидуально-личностных характеристик на развитие обсессивно-компульсивного расстройства у студентов первых курсов. Основные направления исследования включают анализ факторов риска и предикторов ОКР, таких как генетическая предрасположенность, семейное воспитание, уровень тревожности и особенности личностного контроля. Научная и практическая значимость работы обусловлена необходимостью ранней диагностики и профилактики ОКР среди студентов, поскольку это расстройство снижает жизнестойкость, успеваемость и качество жизни молодежи. Выявление ключевых предикторов позволяет улучшить программы поддержки психического здоровья и повысить эффективность вмешательств в студенческой среде.

Методология исследования основана на междисциплинарном подходе, включающем общую, социальную и клиническую психологию. В исследовании использовались методы, такие как скрининговый тест для оценки психопатологии Symptom Checklist-90-R (SCL-90-R), адаптированный Н.В. Тарабриной, Личностный опросник «Большая пятерка» (адаптация Л.Ф. Бурлачука) и методика самооценки тревожности К.Д. Спилбергера. Основные результаты исследования показали, что факторами риска развития ОКР могут быть индивидуально-личностные особенности, такие как наследственность, авторитарный стиль воспитания, высокий уровень тревожности, чрезмерный самоконтроль и склонность к педантичности. Эти факторы составляют основу психологического портрета студентов начальных курсов, у которых наблюдаются признаки ОКР. Ценность проведенного исследования заключается в углубленном понимании предикторов ОКР и возможности создания профилактических стратегий, ориентированных на поддержку студентов в условиях повышенных учебных и эмоциональных нагрузок. Практическое значение итогов работы состоит в том, что полученные данные могут быть использованы для разработки комплексных программ психодиагностики и превенции ОКР, направленных на снижение психологических рисков среди студентов и создание условий для их успешной адаптации и самореализации в учебной среде.

**Ключевые слова:** обсессии, компульсии, расстройство, студенты, самоконтроль, тревожность.

## Introduction

Obsessive-compulsive disorder (OCD) is more commonly categorised as a neurotic and depressive disorder that occurs in people with intact or even high intelligence and critical thinking. Physically, OCD conditions can manifest as rapid fatigue, decreased performance, sleep disturbances, and headaches. Cognitively, OCD conditions can manifest through memory impairments and lapses. Behavioural symptoms of OCD sufferers include aggressive or apathetic behaviour. Perceptual symptoms of OCD can be manifested by the appearance of hallucinations. It is worth noting that OCD symptoms occur periodically in any person, even those who are quite mentally healthy.

The development of OCD is accompanied by numerous symptoms reflecting both cognitive and personality disorders. Periods of increased risk for the formation of obsessive-compulsive disorder ages are: 3-5 years (formation of self-concept), 12-15 years (puberty); 16-20 years (moral development of personality); 45-55 years (menopause). Obsessions refer to a person's being overwhelmed by intrusive, unwanted thoughts or fears. Compulsions mean the occurrence of compulsive actions, urges arising contrary to reason, will, feelings, often even unacceptable for a particular person, because they contradict his moral and ethical properties. Compulsive reflections or "thought gumming" are internal debates in which arguments for and against even the simplest daily actions are endlessly reviewed (Tapalova, 2021). Regardless of many years of experience in clinical psychology on research of early diagnostics of obsessive-compulsive disorder, study of features of course of OCD at various character accentuations that is actual till this day.

*The purpose of the research:* to identify the effects and interactions of individual personality traits on the development of OCD in first-year students. The primary directions of the research include analyzing risk factors and predictors of OCD, such as genetic predisposition, family upbringing style, anxiety levels, and characteristics of personal control.

## Literature review

### *Current state of research on the causes of obsessive-compulsive disorder*

Discussion of the neurophysiological and biological basis for the emergence and development of obsessive-compulsive disorders deserves special attention in the scientific literature. Many authors have suggested that many mental disorders and addictions are related to a lack of the neurotransmitter serotonin or its low activity, which affects the functional activity of the brain. Tomographic scans show a decrease in the size of the caudate nucleus and disturbed frontal cortex activity, which researchers claim may be the cause of obsessive and compulsive behaviour in many young people (Robinson, 1995; Rogers, 1994). Other authors suggest that the lower frontal lobe cortex is the most active in people with OCD, and therefore such individuals are continually subjected to distressing thoughts and compulsive behaviours. PET imaging largely supports this hypothesis (Lib, 2011).

A few scientists supporting the biological theory of the development of OCD have data which prove, that in obsessive compulsive individuals we find pathological changes in the limbic system responsible for the emotional sphere, which leads to obsessions and compulsions accompanied by fears (Weiner, 2002).

However, the above-mentioned scientific studies on the neurophysiological mechanisms of OCD do not give us a complete answer about the causes of this disorder, since not all data are consistent with each other and there is no answer to the main question of brain disorders as a cause or consequence of the appearance of such neurotic states (Höhn-Saric, 1994).

Representatives of the psychological theory of the emergence of such neurotic conditions and cite a large amount of evidence that underlies OCD, and other neurotic disorders are personal psychological aspects.

Z. Freud believed that the basis of neurotic disorders consists of three types of anxiety. Such as: real anxiety, when one is threatened by real danger; neurotic anxiety, when everything is hidden in the

unexpressed unconscious and moral anxiety, when one is punished for the expressed unconscious, so one seeks protective mechanisms to reduce anxiety, and at the same time is subject to neurotic disorders (Freud, 1991).

Karen Horney attributes the emergence of such neurotic conditions to a Karen Horney attributes the emergence of such neurotic states to the very feeling of anxiety, which the author names basal anxiety. The author goes on to explain the emergence of this form of anxiety due to the loss of a sense of security in interpersonal relationships, leading to the emergence of intrapersonal conflicts. Dr Horney identified three groups of personalities prone to neurotic disorders:

- the first group showing signs of neurotic personalities are acutely reactive and dependent on the attitudes of others, their attention and approval.

- the second group of neurotic personalities are preoccupied with the characterization and evaluation of their own self. The main characteristics of this group are feelings of inferiority, cognitive distortions in the conviction of their own irrelevance and incompetence.

- The third group of neurotic personalities exhibit concerns and problems with low self-efficacy and self-affirmation of the self, such personalities are unable and unwilling to express their emotions and are unable to plan their own lives (Horny, 1997).

Renowned psychotherapist Aaron Beck, creator of the theory of development of neurotic disorder, explains the development of many human emotional disorders because of the construction of an inadequate reality in one's own unconscious level. On this preconscious level, a person prone to neurotic disorder perceives the surrounding life through cognitive distortions, which leads to disturbed thinking and destructive behavior (Beck, 2017).

The representative of the behavioral direction A. Bandura believed that fears, phobias and anxiety develop not as a result of real traumatic experiences but obtained by observing the fears of parents and other people (Bandura, 1977).

The representatives of the existential direction believe that neurotic anxiety is the basis of neurotic states. People who think that it is possible to experience the meaninglessness of existence begin to deceive themselves, believing that they can control all events both in relation to themselves and in relation to their loved ones (Bujenthal, 1998).

Numerous studies have been devoted to the problem of the influence of the level of intelligence on the occurrence and development of neurotic disorders. Experiments were conducted on a large research representative sample (more than 3,000 patients) and what was interesting was that scientists found that among the respondents subjected to the study there were no patients with an average level of intelligence. The obtained experimental results led to a reliable conclusion: neurotic disorders are not common in people with average intelligence. Much more often neurotic disorders were predisposed to people with a high level of intelligence or with a very low level of intelligence. (Eysenck, 1982).

*Risk factors for developing OCD at a young age*

As we mentioned above, neurotic disorders, in particular obsessive-compulsive disorders, are more often experienced by adolescents and thus constitute a risk group. Most likely, the causes lie in biological, hereditary, genetic factors, it is not excluded also in modern realities it can be psychological and social factors.

Biological, hereditary and genetic predictors of neurotic changes in personality include weak nervous system expressed in emotional sensitivity and lability, emotionally significant memory, heterochrony of functional development of the organism, temperament characteristics, outstanding abilities, giftedness.

Psychological factors include individual-personal character traits, character accentuations, which are especially pronounced in adolescence. Increased adolescent sensitivity, shyness, insecurity, mood swings, alexithymia, low level of pretensions can also be attributed to psychological factors.

Social factors in the development of neurotic disorders as obsessive-compulsive disorder include the climate in the family, authoritarianism and strictness of parents, offences, traumas and life unsettledness (Burlachuk, 1998).

Ambivalence in the behavior of adolescents and young adults is expressed in dissatisfaction and self-criticism on the one hand and lack of adequate self-esteem and inconsistency in judgement on the other.

However, they often set themselves extremely difficult unrealistic tasks that they cannot fulfill, and this leads them to failures and insurmountable obstacles, as a result of which such people fail and experience frustration. Prolonged frustration often manifests itself in the form of an inferiority com-

plex, which leads to neurotic obsessive-compulsive disorders.

Neurotic states in young people may arise situationally or may be personal characteristics, in other words, have tendencies to this disorder hidden deep inside, like a volcano and unknown to the person himself, but already interferes with the usual rhythm of life, communication with friends and work. Prevention of the syndrome consists in the prevention of stress, conflict situations, the creation of a favorable environment in the family, the exclusion of mental injuries at work. It is necessary to properly educate the child, not to generate feelings of fear in him, not to instill in him thoughts of his inferiority. Young people prone to OCD: anxious-suspicious people who have absorbed a certain attitude to life since childhood, when a tendency is formed to any anxiety-phobic disorders. Perfectionists and maximalists who live by the concepts: “everything should be perfect”; “everything or nothing”, you only need to study for “excellent”, be the best, and therefore, such boys and girls will have an acute fear of making mistakes, disgracing themselves and the fear of any failure. Often reasonable students are quick-thinking but take a very long time to make decisions. They try to calculate all the consequences, all the options, but they still doubt the decision and recheck it for a long time. They can scroll through even a simple, insignificant thought over and over again and they have distrust and fear of their own intelligence.

The aim of our study is to present experimental results on the identification of the influence of individual-personality personality traits on the occurrence and development of obsessive-compulsive disorder in elementary students.

### Materials and methods

An experimental study was organized and conducted with students of the first, second- and third-year students of psychological and pedagogical specialties. The conducted psychodiagnostic study was aimed at identifying the symptoms of obsessive-compulsive disorder through the prism of individual and personal characteristics of students. At the formative stage it was planned to conduct training work and psychocorrective activities. Provide psychological assistance to develop motivational strategies to overcome obsessive thoughts (obsessions)

and obsessive actions (compulsions) associated with anxiety, anxiety and stressful situations with students of experimental groups.

After the formative stage of the study, the experimental group of students was subjected to a repeated control survey. At this stage we checked the effectiveness of the work done with the students of initial courses. The study was conducted during classes, during daytime hours and also in their free time. The subjects are students of the 1st, 2nd and 3rd courses of psychological and pedagogical specialties of the Institute of Pedagogy and Psychology at Abai university. The age of the subjects is 17-21 years old. The sample consisted of 68 people.

Methods of collecting information: To solve the problems of the empirical part of the work, a wide range of methods of psychological research is involved, in particular, the methods listed below. In our study, the following methods were used: A questionnaire on the severity of psychopathological symptoms (SCL-90-R); A personality questionnaire Big Five; Self-evaluation diagnostic technique of Charles-D-Spielberger.

Let's give a small description of the selected methods:

1. Symptoms Check List-90-Revised (SCL-90-R) by the authors of Derogates, Lipman, Covi, 1973, adapted by N.V. Tarabrina, 2007, a technique designed to determine the current status of patterns of psychological signs in pathology and in healthy subjects. During the psycho-diagnostic work, we took the Somatization (SOM); Obsessive -Compulsive (O-C); Interpersonal Sensitivity (INT); Depression (DEP); Anxiety (ANX) scales.

2. The “Big Five” personality questionnaire. Authors P. Howard, P. Medina and J. Howard in the adaptation of A. B. Khromov. The technique is intended for express diagnostics of five personality factors: extraversion – introversion; attachment – isolation; self-control – impulsivity; emotional instability – emotional stability; expressiveness – practicality. The main advantage of this questionnaire is its simplicity, which allows you to quickly make a judgment about the main personal characteristics of the students being tested. This questionnaire provides an opportunity for the subject to create his own psychological self-portrait within the framework of the Five-Factor Theory of personality. This self-portrait is based on the characteristics of personality traits and self-esteem of the subject.

The survey should not take more than 5-10 minutes, which makes the questionnaire easily applicable not only as a diagnostic tool, but also when consulting in clinical and non-clinical practice, during group examinations.

3. Methods of "Self-evaluation diagnostic technique of Charles-D-Spielberger (adapted by Yu.L. Khanin). Testing by this technique allowed us to identify situational anxiety as a variable and personal anxiety as a stable personal anxiety in the students tested. Activation of personal anxiety, which is detected when certain stimuli are stimulated, which are perceived by the person as dangerous and act as a trigger and a threat to self-esteem and self-respect. While situational anxiety for the individual is a certain state that is characterized by tension, unexplained anxiety due to certain conditions. Situational anxiety is an emotional response to stressors and is characterized by a peculiar intensity and dynamism in the time continuum.

### Results and discussion

To identify students at risk of developing OCD using the SCL-90-R methodology, the entire study student sample was divided into coded subgroups: A, B, C, where group A was 2nd year (n – 21 people), group B was 3rd year (n – 26 people), and group C was 1st year (n – 21 people). The results obtained for group A, show the identification of 3 respondents with clear signs of OCD: we denote them as follows: A1 – 2.3 (12%); A3 – 2.2 (12%); A4 – 2.3 (12%), showed high symptomatological signs of predisposition to obsessive-compulsive disorder. There is no students in group B. with a predisposition to obsessive-compulsive disorder were identified.

The results obtained for group C – first-year students, were three students with clear signs of obsessive-compulsive disorder: C11 – 1.6 (9%); C16 – 1.6 (9%); C19 – 1.6 (9%).

Thus, as a result of the SCL- 90- R methodology, out of 68 examinees, 6 people with an average level of obsessive-compulsive disorder were identified, which is 8% of the total sum of the study group. The students designated by signs: A1 – 2.3 (20%); A3 – 2.2 (19%); A4 – 2.3 (20%); C11 – 1.6 (13%); C16 – 1.6 (14%); C19 – 1.6 (14%) showed a high level of predisposition to manifest obsessive-compulsive disorder.

The following stage of psycho-diagnostic work definition of personal characteristics was carried out by means of the questionnaire "Big Five". As it has been stated above, as a result of research by "SCL-90-R" technique 6 examinees with average level of predisposition to OCD were revealed. The data obtained by the Big-five and SCL-90-R methods will allow us to give an objective description of the psychological portrait of a student with signs of OCD.

As a result of the analysis of the results obtained by the Big-Five methodology, we came to the conclusion that subject A1 on the scale of extraversion – introversion has: High mental orientation to extraversion (53 (10%)), activity (14 (3%)), dominance (13 (2%)), sociability (11 (2%)), medium impressionability (9 (2%)) and guilt avoidance (6 (1%)). On the attachment – detachment scale: high level of attachment (57 (10%)), warmth (14 (3%)), cooperation (13 (2%)), suspiciousness (8 (1%)), average level of understanding (10 (2%)), and respect for others (12 (2%)). On the scale of self-control – impulsivity: high level of self-control (62 (11%)), relevance (11(2%)), perseverance (13(2%)), responsibility (12 (2%)), self-controlling behavior (14(3%)), prudence (12 (2%)). On the scale of emotional stability – emotional instability: high level of emotional stability (54 (10%)), anxiety (13 (2%)), tension (11 (2%)), emotional comfort (5 (1%)), self-criticism (12 (2%)), emotional lability (13 (2%)). On the expressiveness-practicality scale: average level of expressiveness (46 (8%)), curiosity (12 (2%)), inquisitiveness (9 (2%)), artistry (13 (2%)), insensitivity 4 (1%), average level of plasticity 8 (1%).

The data obtained for respondent A3 on the extraversion – introversion scale has: High mental focus on extraversion (63 (10%)), activity (13 (2%)), dominance (13 (2%)), sociability (12 (2%)), impressionability (12 (2%)) and manifestation of guilt (13 (2%)). On the attachment-disassociation scale, high levels of attachment (64 (10%)), warmth (14 (3%)), cooperation (14 (2%)), trustworthiness (11 (2%)), understanding (11 (2%)), and respect for others (14 (2%)). On the scale of self-control – impulsivity: high self-control (65 (11%)), urgency (14 (2%)), perseverance (13(2%)), responsibility (13(2%)), self-controlling behavior (13 (2%)), prudence (12 (2%)). On the scale of emotional stability – emotional instability: high level of emotional stability (63 (10%)), anxiety (15 (2%)), tension (11 (2%)),

depression (13 (2%)), self-criticism (13 (2%)), emotional lability (11 (2%)). On the expressiveness-practicality scale: high level of expressiveness (52 (8%)), curiosity (13 (2%)), inquisitiveness (11 (2%)), artistry (10 (2%)), medium level of sensitivity 8 (1%), medium level of plasticity 10 (2%).

Test taker A4 on the extraversion – introversion scale has: High mental focus on extraversion (63 (10%)), activity (14 (2%)), dominance (12 (2%)), sociability (12 (2%)), impressiveness (13 (2%)) and manifestation of guilt (13 (2%)). On the attachment-disassociation scale, high levels of attachment (65 (11%)), warmth (15 (2%)), cooperation (14 (2%)), average trustworthiness (10 (2%)), understanding (12 (2%)), and respect for others (14 (2%)). On the scale of self-control – impulsiveness: high level of self-control (66 (11 %)), urgency (15 (2%)), persistence (13 (2%)), responsibility (12 (2%)), self-control of behavior (13 (2%)), prudence (13 (2%)). On the scale of emotional stability – emotional instability: high level of emotional stability (60 (10%)), anxiety (12 (2%)), tension (13 (2%)), depression (12 (2%)), self-criticism (12 (2%)), emotional lability (11 (2%)). On the expressiveness-practicality scale: high level of expressiveness (54 (9%)), curiosity (13 (2%)), inquisitiveness (12 (2%)), artistry (11 (2%)), medium level of sensitivity 8 (1%), medium level of plasticity 10 (2%).

Test taker C11 on the extraversion – introversion scale has: High extroversion mental orientation (53 (11%)), medium activity level (8 (2%)), medium dominance (9 (2%)), sociability (13 (3%)), medium impressionability (10 (2%)), and manifestation of guilt (13 (3%)). On the attachment-indifference scale: low level of attachment (36 (11%)), indifference (3 (1%)), rivalry (6 (1%)), average level of trustworthiness (9 (2%)), average level of understanding (10 (2%)), and average level of respect for others 8 (2%). On the scale of self-control – impulsivity: average level of self-control (41 (8%)), irrelevance (6 (1%)), average level of persistence (8 (2%)), average level of responsibility (9 (2%)), average level of self-controlled behavior (9 (2%)), prudence (9 (2%)) On the scale of emotional stability – emotional instability: high level of emotional stability (56 (11%)), anxiety (11 (2%)), tension (11 (2%)), depression (13 (3%)), self-sufficiency (7 (1%)), emotional lability (14 (3%)). On the scale of expressiveness – practicality: high level of expres-

siveness (63 (13%)), curiosity (12 (2%)), inquisitiveness (15 (3%)), artistry (15 (3%)), insensitivity 7 (1%), plasticity 14 (3%).

Test subject C16 on the extraversion – introversion scale has: High mental focus on extraversion (60 (11%)), medium activity level (9 (2%)), dominance (13 (2%)), sociability (12 (2%)), impressiveness (13 (2%)), and manifestation of guilt (13 (3%)). On the attachment-disassociation scale: average attachment (48 (9%)), average display of warmth (9 (2%)), average cooperation (8 (1%)), average trustworthiness (9 (2%)), understanding (12 (2%)), and average respect for others 10 (2%). On the scale of self-control – impulsivity: average level of self-control (47 (8%)), irrelevance (7 (1%)), average level of persistence (10 (2%)), responsibility (13 (2%)), average level of self-controlled behavior (10 (2%)), carelessness (7 (1%)). On the scale of emotional stability – emotional instability: high level of emotional stability (60 (11%)), anxiety (11 (2%)), tension (10 (2%)), depression (14 (3%)), self-criticism (12 (2%)), emotional lability (13 (3%)). On the expressiveness-practicality scale: high level of expressiveness (63 (11%)), curiosity (11 (2%)), inquisitiveness (14 (3%)), artistry (14 (3%)), sensitivity 11 (2%), plasticity 13 (2%).

Respondent C19 on the Extraversion-Introversion scale has: Low extroversion (38 (10%)), medium activity (8 (2%)), subservience (7 (2%)), withdrawn (7 (2%)), medium impression seeking (9 (2%)), and guilt avoidance (7 (2%)). On the attachment-isolation scale, low levels of attachment (35 (9%)), indifference (6 (2%)), rivalry (7 (2%)), suspiciousness (7 (2%)), misunderstanding (7 (2%)), and average level of respect for others 8 (2%). On the self-control-impulsivity scale: low self-control (40 (10%)), irrelevance (3 (1%)), medium persistence (8 (2%)), responsibility (11 (3%)), self-controlling behavior (11 (3%)), carelessness (7 (2%)). On the scale of emotional stability – emotional instability: medium level of emotional stability (42 (11%)), medium level of anxiety (8 (2%)), relaxed (7 (2%)), medium level of depression (10 (3%)), medium level of self-criticism (8 (2%)), medium level of emotional lability (9 (2%)). On the expressiveness-practicality scale: low level of expressiveness (40 (10%)), conservatism (7 (2%)), realistic (7 (2%)), no artistry (7 (2%)), medium level of sensitivity 9 (2%), medium level of plasticity 10 (3%).

**Table 1** – Correlation of characteristics of cognitive self-perception of a personality according to the Big Five methodology and indicators of OCD symptom severity according to the SCI-90-R methodology

	№	Psychological qualities of personality	Results revealed by the SCI-90-R methodology					
			A <sub>1</sub>	A <sub>3</sub>	A <sub>4</sub>	C <sub>11</sub>	C <sub>16</sub>	C <sub>19</sub>
Results revealed by the «Big – Five» methodology	<b>1</b>	Extraversion- intraversion	53 (10%)	63(10%)	63(10%)	53(11%)	60(11%)	38(10%)
	1.1	Activity – passivity	14 (3%)	13 (2%)	14 (2%)	8 (2%)	9 (2%)	8 (2%)
	1.2	Dominance – subordination	13 (2%)	13 (2%)	12 (2%)	9 (2%)	13 (2%)	7 (2%)
	1.3	Sociability – reticence	11 (2%)	12 (2%)	12 (2%)	13 (3%)	12 (2%)	7 (2%)
	1.4	Impression seeking – avoidance of impressions	9 (2%)	12 (2%)	13 (2%)	10 (2%)	13 (2%)	9 (2%)
	1.5	Manifestation – avoidance of guilt	6 (1%)	13 (2%)	13 (2%)	13 (3%)	13 (2%)	7 (2%)
	<b>2</b>	Attachment – detachment	57 (10%)	64 (10%)	65 (11%)	36 (7 %)	48 (9 %)	35 (9 %)
	2.1	Warmth – indifference	14 (3%)	14 (2%)	15 (2%)	3 (1%)	9 (2%)	6 (2%)
	2.2	Cooperation – competition	13 (2%)	14 (2%)	14 (2%)	6 (1%)	8 (1%)	7 (2%)
	2.3	Trustfulness – suspiciousness	8 (1%)	11 (2%)	10 (2%)	9 (2%)	9 (2%)	7 (2%)
	2.4	Understanding – incomprehension	10 (2%)	11 (2%)	12 (2%)	10 (2%)	12 (2%)	7 (2%)
	2.5	Respect for others – self-respect	12 (2%)	14 (2%)	14 (2%)	8 (2%)	10 (2%)	8 (2%)
	<b>3</b>	<b>Self-control – impulsiveness</b>	62 (11 %)	65 (11 %)	66 (11 %)	41 (8 %)	47 (8 %)	40 (10 %)
	3.1	Relevance – irrelevance	11 (2%)	14 (2%)	15 (2%)	6 (1%)	7 (1 %)	3 (1 %)
	Results revealed by the «Big – Five» methodology	3.2	Persistence – lack of persistence	13(2%)	13 (2%)	13 (2%)	8 (2%)	10 (2%)
3.3		Responsibility – irresponsibility	12 (2%)	13 (2%)	12 (2%)	9 (2%)	13 (2%)	11 (3 %)
3.4		Self-control behavior – impulsiveness (lack of self-control)	14 (3%)	13 (2%)	13 (2%)	9 (2%)	10 (2%)	11 (3 %)
3.5		Prudence – carelessness	12 (2%)	12 (2%)	13 (2%)	9 (2%)	7 (1 %)	7 (2%)
<b>4</b>		<b>Emotional stability – emotional instability</b>	54 (10 %)	63 (10 %)	60 (10 %)	56 (11 %)	60 (11 %)	42 (11 %)
4.1		Anxiety – carelessness	13 (2%)	15 (2%)	12 (2%)	11 (2%)	11 (2%)	8 (2%)
4.2		Tension – relaxed	11 (2%)	11 (2%)	13 (2%)	11 (2%)	10 (2%)	7 (2%)
4.3		Depression – emotional comfort	5 (1%)	13 (2%)	12 (2%)	13 (3%)	14 (3%)	10 (3%)
4.4		Self-criticism – self-sufficiency	12 (2%)	13 (2%)	12 (2%)	7 (1%)	12 (2%)	8 (2%)
4.5		Emotional lability – emotional stability	13 (2%)	11 (2%)	11 (2%)	14 (3%)	13 (2%)	9 (2%)
<b>5</b>		<b>Expressiveness – practicality</b>	46 (8 %)	52 (8 %)	54 (9 %)	63 (13 %)	63 (11 %)	40 (10 %)
5.1		Curiosity – conservatism	12 (2%)	13 (2%)	13 (2%)	12(2%)	11 (2%)	7 (2%)
5.2		Curiosity – realistic	9 (2%)	11 (2%)	12 (2%)	15 (3%)	14 (3%)	7 (2%)
5.3		Artisticity – lack of artistry	13 (2%)	10 (2%)	11 (2%)	15 (3%)	14 (3%)	7 (2%)
5.4		Sensitivity – insensitivity	4 (1%)	8 (1%)	8(1%)	7 (1%)	11 (2%)	9 (2%)
5.5	Plasticity – rigidity	8 (1%)	10 (2%)	10 (2%)	14 (3%)	13 (2%)	10 (3%)	



## Conclusion

Thus, the conducted experimental study allows us to identify some predictors of the possible occurrence and development of obsessive-compulsive disorder at a young age. Such precursors of OCD are often genetic hereditary predisposition, individual-personal features acquired under the influence of authoritarian and strict family upbringing or on the contrary hyperepidemics. Also, the presence of a high level of self-control and anxiety. Long-term low mood is a clear predictor of OCD.

The respondents of the experimental group (A1, A3, A4, C11, C16, C19) had the following characteristics revealed by SCL-90 and Big Five personality questionnaire:

Respondent A1 was found to have high level of self-control, high level of responsibility, high level of prudence, high level of anxiety, high level of tension, high level of self-criticism, high level of emotional lability.

Respondent A3 was found to have high level of suggestibility, high level of guilt, high level of responsibility, high level of self-control, high level of prudence, high level of anxiety, high level of tension, high level of depression, high level of self-criticism, high level of emotional lability.

Subject A4 revealed: high level of suggestibility, high level of guilt, high level of responsibility,

high level of self-control, high level of prudence, high level of anxiety, high level of tension, high level of depression, high level of self-criticism, high level of emotional lability.

Subject C11 was found to have high level of guilt, high level of anxiety, high level of tension, high level of depression, high level of emotional lability.

Respondent C16 was found to have high level of suggestibility, high level of guilt, high level of responsibility, high level of anxiety, high level of depression, high level of self-criticism, high level of emotional lability.

Respondent C19 was found to have high level of responsibility, high level of self-control of behavior.

Based on the obtained experimental data, we have drawn up a psychological portrait of a young student with a predisposition to obsessive-compulsive disorder. Young students with a high level of the above-mentioned psychological qualities of personality most likely had a predisposition to obsessive-compulsive disorder.

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