

PSYCHOLOGICAL MECHANISMS OF OBSESSIVE-COMPULSIVE DISORDER AND CONTEMPORARY INTEGRATIVE PSYCHOTHERAPEUTIC APPROACHES

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Abstract

Obsessive-Compulsive Disorder (OCD) is one of the most prevalent and socially significant mental disorders in contemporary clinical psychology and psychiatry, characterised by intrusive obsessive thoughts and compulsive behavioural or mental acts aimed at reducing anxiety. The disorder significantly affects psychological adaptation, social functioning, and quality of life.

The aim of this article is to examine the psychological mechanisms of OCD, the cognitive, emotional, and behavioural characteristics of individuals with OCD, and to analyse the effectiveness of contemporary evidence-based and integrative psychotherapeutic interventions.

The study used a theoretical-analytical framework based on the DSM-5-TR and ICD-11 diagnostic systems, international clinical guidelines, and a systematic review of peer-reviewed scientific literature. Cognitive-behavioural,

neurobiological, metacognitive, and third-wave psychotherapeutic approaches to the development and maintenance of OCD were examined.

Findings indicate that distorted threat appraisal, inflated responsibility, intolerance of uncertainty, and the temporary reduction of anxiety through compulsive behaviours play a central role in the maintenance of OCD. Cognitive Behavioural Therapy (CBT) and Exposure and Response Prevention (ERP) are considered the most effective interventions, while Acceptance and Commitment Therapy (ACT), mindfulness-based approaches, Eye Movement Desensitisation and Reprocessing (EMDR), and other integrative approaches may be applied as complementary or combined therapeutic strategies.

The findings emphasise the complex nature of OCD and the importance of individualised psychotherapeutic interventions for improving psychological flexibility, emotional regulation, and social adaptation.

Keywords: Obsessive-compulsive disorder, cognitive distortions, psychological flexibility, emotional regulation, social adaptation, psychotherapy.

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Համառոտագիր

Օբսեսիվ-կոմպուլսիվ խանգարումը (OCD) ժամանակակից կլինիկական հոգեբանության և հոգեբուժության առավել տարածված և սոցիալական նշանակություն ունեցող հոգեկան խանգարումներից է, որը բնութագրվում է ներխուժող օբսեսիվ մտքերի և տագնապին վազեցմանն ուղղված կոմպուլսիվ վարքային կամ մտավոր գործողությունների առկայությամբ: Խանգարումը զգալի ազդեցություն է ունենում անձի հոգեբանական աղապտացիայի, սոցիալական գործունեության և կյանքի որակի վրա:

Սույն հոդվածի նպատակն է ուսումնասիրել օբսեսիվ-կոմպուլսիվ խանգարման հոգեբանական մեխանիզմները, OCD ունեցող անձանց կոգնիտիվ, հուզական և վարքային առանձնահատկությունները, ինչպես նաև վերլուծել ժամանակակից ապացուցահեն և համալիր հոգեթերապևտիկ միջամտությունների արդյունավետությունը:

Հետազոտությունն իրականացվել է տեսական-վերլուծական մեթոդաբանության շրջանակում՝ հիմնված DSM-5-TR և ICD-11 ախտորոշիչ համակարգերի, միջազգային կլինիկական ուղեցույցների և գրախոսվող գիտական գրականության համակարգված վերլուծության վրա: Ուսումնասիրվել են կոգնիտիվ-վարքային, ներյոկենսաբանական,

մետակոգնիտիվ և երրորդ ակիքի հոգեթերապևտիկ մոտեցումները OCD-ի ձևավորման և պահպանման համատեքստում:

Արդյունքները ցույց են տալիս, որ OCD-ի պահպանման մեջ կարևոր դեր ունեն վտանգի աղավաղված գնահատումը, պատասխանատվության գերազնահատումը, անորոշության հանդեպ անհանդուրժողականությունը և կոմպուլսիվ վարքի միջոցով տագնապի ժամանակավոր նվազեցումը:

Առավել արդյունավետ միջամտություններ են համարվում CBT և ERP մեթոդները, մինչդեռ ACT, MBCT, EMDR և այլ ինտեգրված մոտեցումները կարող են կիրառվել որպես լրացուցիչ կամ համակցված թերապևտիկ ռազմավարություններ:

Հետազոտության արդյունքներն ընդգծում են OCD-ի փոխկապակցված բնույթը և անհատականացված հոգեթերապևտիկ միջամտությունների կարևորությունը՝ հոգեբանական ձկունության, հուզական կարգավորման և սոցիալական ադապտացիայի բարելավման համար:

Բանալի բառեր՝ օբսեսիվ-կոմպուլսիվ խանգարում, կոգնիտիվ աղավաղումներ, հոգեբանական ձկունություն, հուզական կարգավորում, սոցիալական ադապտացիա, հոգեթերապիա:

Introduction

Obsessive-Compulsive Disorder (OCD) is one of the most prevalent and socially significant mental disorders in psychiatry and clinical psychology. It is characterised by intrusive obsessive thoughts and repetitive compulsive behavioural or mental acts that significantly affect psychological functioning, social adaptation, and quality of life (American Psychiatric Association, 2022; World Health Organisation, 2019).

According to cognitive-behavioural models, the maintenance of OCD is associated with distorted threat appraisal, inflated responsibility, excessive need for control, and intolerance of uncertainty (Salkovskis, 1985; Rachman, 2002). These characteristics are frequently accompanied by elevated anxiety, self-criticism, and heightened sensitivity to intrusive thoughts (Clark, 2004).

Research indicates that biological, cognitive, and behavioural factors are involved in the development of OCD. Neurobiological studies emphasise dysfunction of the cortico-striato-thalamo-cortical (CSTC) circuitry and the role of serotonergic mechanisms, whereas psychological theories highlight cognitive distortions and behavioural reinforcement processes (Abramowitz, 2006; Franklin & Foa, 2011).

Among the most effective treatment approaches for OCD are Cognitive Behavioural Therapy (CBT) and Exposure and Response Prevention (ERP) (Foa & Kozak, 1997; NICE, 2005). At the same time, the application of third-wave psychotherapeutic interventions has increased significantly, particularly Acceptance and Commitment Therapy (ACT), mindfulness-based approaches, and other integrative interventions (Hayes et al., 2012; Kabat-Zinn, 2003).

The purpose of the article is to examine the psychological mechanisms of OCD, to describe the psychological and behavioral characteristics of individuals with

OCD, and to analyze the effectiveness of the main contemporary psychotherapeutic approaches.

Theory And Methodology

Theoretical and Methodological Foundations

The presented theoretical and methodological analyses are based on cognitive-behavioural, neurobiological, and third-wave psychotherapeutic approaches to the study of Obsessive-Compulsive Disorder (OCD), as well as on international diagnostic systems and clinical guidelines. The theoretical foundation of the study includes A. T. Beck's cognitive theory (Beck, 1976), P. Salkovskis's cognitive-behavioral model of OCD (Salkovskis, 1985), the cognitive-behavioral and ERP approaches presented in the works of Foa and Abramowitz (Abramowitz, 2006; Foa & Kozak, 1997), Hayes's Acceptance and Commitment Therapy (ACT) and Relational Frame Theory (RFT) (Hayes et al., 2001; Hayes et al., 2012), as well as Wells's metacognitive approach (Wells, 2009).

According to DSM-5-TR and ICD-11 classifications, OCD is considered an independent nosological entity characterised by obsessions and compulsions accompanied by pronounced anxiety, internal tension, and impairment in social or occupational functioning (American Psychiatric Association, 2022; World Health Organisation, 2019).

In scientific literature, OCD is most commonly interpreted within the framework of the biopsychosocial model (Beck, 1976; Salkovskis, 1985; Abramowitz, 2006), according to which the disorder develops through the interaction of biological, cognitive, behavioural, and social factors. This approach allows OCD to be understood as a condition shaped by the interaction of neurobiological vulnerability, cognitive distortions, behavioural reinforcement mechanisms, and social stressors.

According to cognitive-behavioural theories, the maintenance of OCD is associated with distorted interpretations of intrusive thoughts, inflated responsibility, catastrophization of danger, thought-action fusion, excessive need for control, and intolerance of uncertainty (Salkovskis, 1985; Rachman, 2002). These models explain the reciprocal reinforcement mechanisms between obsessive thoughts, anxiety responses, and compulsive behaviour.

Neurobiological approaches emphasise the dysfunction of the cortico-striato-thalamo-cortical (CSTC) system and disturbances in serotonergic mechanisms in OCD. Genetic and neuropsychological studies suggest that both hereditary vulnerability and environmental and psychological factors contribute to the development of the disorder (Franklin & Foa, 2011).

The theoretical and methodological framework also includes third-wave psychotherapeutic approaches such as Acceptance and Commitment Therapy (ACT), mindfulness-based approaches, Metacognitive Therapy (MCT), Compassion-Focused Therapy (CFT), and Eye Movement Desensitisation and Reprocessing (EMDR). These

approaches emphasise not only symptom reduction but also the development of psychological flexibility, emotional regulation, and mindful acceptance of personal experiences.

Within ACT, Relational Frame Theory (RFT) is particularly important, as psychological suffering is often associated with excessive identification with thoughts and their meanings (Hayes et al., 2001).

Methodologically, the study draws on theoretical-analytical, comparative, and integrative approaches. A systematic review and comparison of scientific literature on OCD, DSM-5-TR and ICD-11 diagnostic systems, and psychotherapeutic models were conducted. The study applied systematic literature review, comparative analysis, and content analysis methods to examine the cognitive, behavioural, emotional, and neurobiological mechanisms of OCD, as well as the common and distinctive features of different psychotherapeutic approaches.

Thus, the presented theoretical and methodological foundations make it possible to interpret the development and maintenance of OCD within the context of the interaction of biological, cognitive, behavioural, and social factors.

Research Methods

Research Methods and Methodological Approach

The present study was conducted within a theoretical-analytical and qualitative framework based on a systematic review of the scientific literature related to Obsessive-Compulsive Disorder (OCD). The theoretical and methodological foundation of the study included DSM-5-TR (American Psychiatric Association, 2022), ICD-11 (World Health Organisation, 2019), Beck's cognitive theory (Beck, 1976), and Salkovskis's cognitive-behavioural model of OCD (Salkovskis, 1985).

The study examined theoretical and clinical approaches addressing the cognitive, behavioural, neurobiological, and emotional mechanisms of OCD. The analysis also incorporated peer-reviewed international scientific publications focusing on the psychological mechanisms of OCD and the effectiveness of psychotherapeutic interventions.

The theoretical analysis included evidence-based approaches to OCD treatment, namely Cognitive Behavioral Therapy (CBT), Exposure and Response Prevention (ERP), Acceptance and Commitment Therapy (ACT), mindfulness-based interventions, Metacognitive Therapy (MCT), Compassion-Focused Therapy (CFT), and Eye Movement Desensitization and Reprocessing (EMDR). Particular attention was given to ERP, which is regarded in international clinical guidelines as one of the most empirically supported interventions for OCD (Foa & Kozak, 1997; NICE, 2005).

The analysed literature was selected according to its relevance to OCD mechanisms, diagnostic classifications, and evidence-based psychotherapeutic approaches.

Nature of the Study

The study is theoretical–analytical and based on the examination, comparison, and interpretation of secondary scientific sources. The present study collected no primary empirical data; instead, it analysed scientific and clinical literature through a systematic review of scientific and clinical literature.

The analysis used a combination of deductive and inductive approaches. At the deductive level, established theoretical models and diagnostic criteria served as the conceptual foundation of the analysis, whereas at the inductive level, findings from different authors were integrated in order to provide a more comprehensive interpretation of the psychological mechanisms of OCD.

Methods Applied in the Study

The following methodological approaches were applied in the study:

Systematic literature review – scientific sources related to OCD were analysed to identify the main mechanisms involved in the development and maintenance of the disorder.

Comparative analysis – different theoretical and psychotherapeutic models of OCD were compared, including biological, cognitive–behavioural, psychodynamic, and third-wave approaches.

Content analysis – the main thematic components of OCD were identified and systematised, including obsessive thoughts, compulsive behaviours, cognitive distortions, and psychotherapeutic interventions.

Integrative analysis – OCD was examined as a disorder resulting from the interaction of cognitive, emotional, behavioural, and neurobiological mechanisms.

Research Limitations

The study is based on the analysis of secondary scientific sources and does not include primary empirical data. The analysis primarily relies on international, predominantly English-language studies, whereas local studies addressing the sociocultural characteristics of OCD remain limited. In addition, the effectiveness of certain psychotherapeutic approaches continues to be investigated and requires further clinical research.

Psychological and Behavioural Characteristics of Individuals with Ocd

The psychological and behavioural characteristics of individuals with Obsessive–Compulsive Disorder (OCD) are shaped by the interaction of cognitive, emotional, and behavioural mechanisms that contribute to the maintenance and exacerbation of the disorder. Within clinical psychology, OCD is conceptualised as a self-perpetuating system in which intrusive thoughts, emotional tension, and compulsive behaviours mutually reinforce one another (Abramowitz, 2006).

Individuals with OCD frequently exhibit cognitive distortions, elevated levels

of anxiety, controlling behaviors, and reduced psychological flexibility. These features may lead to difficulties with social adaptation, impaired interpersonal relationships, and reduced efficiency in daily functioning.

Cognitive Characteristics

The cognitive functioning of individuals with OCD is characterised by distortions in threat appraisal, responsibility attribution, and attitudes toward uncertainty. Intrusive thoughts are often interpreted as dangerous, morally unacceptable, or as posing a threat to the individual's self-concept or identity (Salkovskis, 1985; Clark, 2004).

The most prominent cognitive characteristics include:

- catastrophization of threat,
- inflated responsibility,
- thought-action fusion,
- intolerance of uncertainty,
- perfectionism,
- excessive need for control.

In catastrophization of threat, even low-probability negative events are appraised as serious and highly consequential threats. Inflated responsibility involves the belief that the individual is responsible for preventing any possible negative outcome, regardless of its actual probability.

In thought-action fusion, intrusive thoughts are perceived as morally equivalent to actual actions or as increasing the likelihood of their occurrence. Consequently, a persistent state of internal monitoring and “threat surveillance” develops, which contributes to the maintenance of compulsive behaviours (Rachman, 2002).

Emotional Characteristics

In the emotional domain, individuals with Obsessive-Compulsive Disorder (OCD) commonly experience heightened anxiety, internal tension, guilt, and shame. Excessive sensitivity to intrusive thoughts often results in persistent vigilance and difficulties in maintaining emotional stability.

Feelings of guilt and shame are particularly pronounced when obsessive thoughts conflict with the individual's moral, religious, or social values. In many cases, intrusive thoughts are interpreted as reflections of genuine desires or personality traits, which further intensifies self-criticism and emotional distress.

Under conditions of prolonged emotional tension, depressive symptoms, psychological exhaustion, and tendencies toward social withdrawal may develop.

Behavioral Characteristics

The behavioural manifestations of OCD are primarily expressed through repetitive compulsive acts and avoidance strategies. Compulsive behaviours temporarily reduce internal tension; however, in the long term, they contribute to the maintenance of obsessive thoughts (Foa & Kozak, 1997).

The most common compulsive manifestations include:

- repetitive checking,
- excessive washing and cleaning,
- ordering and symmetry rituals,
- mental counting or repetitions,
- reassurance seeking,
- avoidance behaviour.

Avoidance behaviour represents one of the key maintenance mechanisms of OCD, as individuals attempt to avoid situations that may trigger obsessive thoughts or emotional distress. Consequently, social functioning becomes restricted, and overall adaptation is impaired.

Structural Psychological Characteristics

Individuals with OCD often demonstrate elevated self-criticism, psychological rigidity, and a pronounced need for control. They are characterised by heightened sensitivity to mistakes, persistent self-monitoring, and difficulties in emotional self-regulation.

Reduced psychological flexibility impairs the acceptance of uncertainty and adaptation to stressful situations, resulting in compulsive behaviours becoming one of the primary strategies for regulating internal tension (Hayes et al., 2012).

Thus, the psychological and behavioural characteristics of individuals with OCD form an interconnected system in which cognitive distortions intensify emotional tension, while compulsive behaviours temporarily reduce anxiety but contribute to the long-term maintenance of the disorder.

Contemporary Psychotherapeutic Approaches

Contemporary approaches to the treatment of Obsessive-Compulsive Disorder (OCD) are based on evidence-based psychotherapeutic models aimed at reducing obsessive thoughts, emotional tension, and compulsive behaviours. According to international clinical guidelines, cognitive-behavioural and third-wave psychotherapeutic approaches are considered the most effective interventions for OCD (NICE, 2005).

Cognitive Behavioural Therapy (CBT)

Cognitive Behavioural Therapy (CBT) is among the most extensively studied and empirically supported approaches for the treatment of OCD. According to CBT models, distorted interpretations of intrusive thoughts and the resulting behavioural responses contribute to the maintenance of the disorder (Beck, 1976; Salkovskis, 1985).

The primary goals of CBT include the modification of cognitive distortions, the development of tolerance for uncertainty, and the reduction of controlling behaviours. Therapeutic techniques commonly include cognitive restructuring, behavioural experiments, and the analysis of cognitive schemas.

Exposure and Response Prevention (ERP)

Exposure and Response Prevention (ERP) is considered one of the most effective interventions for OCD and represents a core component of CBT (Foa & Kozak, 1997). This method involves gradual exposure to anxiety-provoking situations or intrusive thoughts without engaging in compulsive behaviours, thereby promoting tolerance of anxiety and reducing avoidance strategies.

Third-Wave Psychotherapeutic Approaches

In recent years, the application of third-wave psychotherapeutic approaches in the treatment of OCD has increased significantly. These approaches focus on changing the individual's relationship with intrusive thoughts, enhancing psychological flexibility, and improving emotional regulation.

The most commonly applied third-wave approaches in OCD treatment include Acceptance and Commitment Therapy (ACT), mindfulness-based approaches, Metacognitive Therapy (MCT), and Compassion-Focused Therapy (CFT).

Acceptance and Commitment Therapy (ACT)

ACT is based on the development of psychological flexibility and the cultivation of a non-reactive stance toward intrusive thoughts. Within ACT, particular importance is attributed to Relational Frame Theory (RFT), according to which psychological suffering is often associated with excessive identification with thoughts and their meanings (Hayes et al., 2001).

The core processes of ACT include acceptance, cognitive defusion, present-moment awareness, and values-based behavioural change. ACT appears to be particularly effective in cases of OCD accompanied by elevated anxiety and pronounced self-criticism (Hayes et al., 2012).

Mindfulness-Based Approaches

Mindfulness-based approaches are grounded in non-judgmental awareness of present-moment experience and contribute to reducing emotional reactivity to intrusive thoughts while promoting emotional self-regulation (Kabat-Zinn, 2003).

Metacognitive Therapy (MCT)

Metacognitive Therapy (MCT) focuses not on the content of obsessive thoughts, but rather on the individual's metacognitive relationship to those thoughts. According to this approach, excessive need for thought control and beliefs regarding the dangerousness of thoughts are among the central mechanisms involved in the maintenance of OCD (Wells, 2009).

Compassion-Focused Therapy (CFT)

Compassion-Focused Therapy (CFT) emphasises the reduction of self-criticism, shame, and guilt while fostering self-compassion and emotional safety (Gilbert, 2010).

Eye Movement Desensitisation and Reprocessing (EMDR)

Eye Movement Desensitisation and Reprocessing (EMDR) was originally developed for the processing of traumatic experiences; however, it has also been applied in certain forms of OCD, particularly in cases involving elevated emotional tension or traumatic experiences. In OCD treatment, EMDR is primarily used as a complementary intervention integrated with other evidence-based approaches (Marr, 2012; Marsden et al., 2018; Shapiro, 2018).

Results

The conducted theoretical and comparative analysis indicates that cognitive-behavioural mechanisms play a significant role in the development and maintenance of Obsessive-Compulsive Disorder (OCD). The integration of the analysed sources allows OCD to be conceptualised as a system of mutually reinforcing psychological processes in which intrusive thoughts, internal tension, and compulsive behaviours intensify one another.

The findings demonstrate that individuals with OCD commonly exhibit distorted threat appraisal, inflated responsibility, intolerance of uncertainty, and controlling behaviours. These characteristics contribute to the development of compulsive actions and avoidance strategies.

The reviewed studies confirm that compulsive behavior primarily functions as a mechanism for the temporary reduction of internal tension; however, in the long term, it contributes to the maintenance of the disorder. These findings are consistent with cognitive-behavioural models, according to which negative reinforcement and avoidance behaviours represent central mechanisms in the persistence of OCD.

Comparative analysis demonstrates that Cognitive Behavioural Therapy (CBT) and Exposure and Response Prevention (ERP) have the strongest empirical support among contemporary psychotherapeutic approaches for OCD treatment. ERP appears to be particularly effective in reducing compulsive behaviours and avoidance strategies.

At the same time, the findings suggest that interventions focused exclusively on symptom control do not always ensure long-term adaptation. In this context, the importance of third-wave psychotherapeutic approaches has increased, particularly Acceptance and Commitment Therapy (ACT), mindfulness-based approaches, Metacognitive Therapy (MCT), and Compassion-Focused Therapy (CFT), which contribute to adaptive emotional responding, emotional self-regulation, and reduction of self-criticism.

The findings further indicate that the effectiveness of OCD treatment largely depends on the individualisation of psychotherapeutic interventions. In this regard, integrative approaches combining CBT and ERP with third-wave psychotherapeutic interventions appear to be the most effective.

Thus, the conducted analysis demonstrates that contemporary approaches to OCD treatment are gradually shifting from exclusively symptom-focused

interventions toward more integrative and individualised therapeutic models.

Conclusion

The conducted analysis demonstrates that Obsessive–Compulsive Disorder (OCD) significantly affects emotional stability, behavioural adaptation, and quality of life. Intrusive thoughts, internal tension, and compulsive behaviours form mutually reinforcing psychological processes that impair social adaptation and overall functioning.

Based on the findings of the present study, the following conclusions may be drawn:

1. Significance of Cognitive Distortions

Individuals with OCD commonly demonstrate distorted threat appraisal, inflated responsibility, intolerance of uncertainty, and controlling behaviours, all of which contribute to the maintenance of compulsive responses.

2. The Role of Compulsive Behaviour

Compulsive behaviour primarily functions as a temporary way to reduce internal tension; however, in the long term, it contributes to the maintenance and chronicity of the disorder.

3. Effectiveness of Evidence–Based Approaches

The findings indicate that Cognitive Behavioural Therapy (CBT) and Exposure and Response Prevention (ERP) possess the strongest empirical support and contribute significantly to the reduction of obsessive–compulsive symptoms and avoidance behaviours.

4. Significance of Third–Wave Approaches

Acceptance and Commitment Therapy (ACT), mindfulness–based approaches, Metacognitive Therapy (MCT), and Compassion–Focused Therapy (CFT) play an important role in improving emotional self–regulation, enhancing psychological flexibility, and reducing self–criticism.

5. Necessity of Individualised Interventions

Effective treatment of OCD requires an integrative and individualised approach that takes into account symptom severity, psychological characteristics, and accompanying emotional difficulties. Combined interventions integrating cognitive–behavioural and third–wave psychotherapeutic approaches appear to be the most effective.

The concluding observations suggest that contemporary treatment strategies for OCD should focus not only on symptom reduction but also on improving emotional stability, psychological adaptation, and quality of life.

The article highlights that an integrative approach may be particularly important in cases where obsessive–compulsive symptoms are accompanied by emotional rigidity, shame, or reduced psychological flexibility.

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