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**CLINICAL AND PSYCHOLOGICAL ASPECTS OF PREVENTION
- OVERCOMING NEUROSES IN CHILDREN**

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Abstract

The relevance of the study is a systematic study of clinical and psychological aspects of prevention of neuroses in children with impaired intelligence and the creation of conditions for preventive measures to prevent their development. In the structure of impaired intelligence in children there are found neurosis (psychopathic) disorders which arise depending on the nosology. Therefore, the primary task for the clinical psychologist today is the prevention and early detection of borderline mental disorders.

This is one of the key problems of clinical psychology requiring solutions. Minor violations of the delay of mental and intellectual development affect children from the childhood on a functional disorder of the nervous system causing neuroses that can go to stable conditions at a more advanced age. Therefore, timely prevention of neuroses in the family and in a children's institution will help to get rid of neurotic states and their destructive influence on the psyche of children. The leading methods of neurosis research used for their diagnosis are psychological and clinical. A multidimensional and holistic understanding of the origin of neuroses, their pathogenesis determines the specificity of the clinical method, which includes clinical, psycho-pathological, clinical-psychological and clinical-social approaches. The study of neuroses in children with intellectual disabilities has its own specific origin and development, predecessors, which are mental disorders, maladaptive behavior and individual manifestations of nosology in the child's behavior.

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1. Introduction

The modern society with actively developing mass media and accessible Internet plunges children into the space of monsters, ghosts, horror stories, computer games that distort the imagination and consciousness of cartoons that cause fear and nervous stress and, as a result, there arise neurotic states. With broken intellect these processes are aggravated and proceed more sharply than in children in norm. A difficult task for the researcher is the difficulty in differentiating boundary states, this is noted by NI Felinskaya (1976), that in this case a group of nosology is considered, for which, on the other hand the psychopathological analysis method is adequate, and psychological approach- on the other hand. In this regard, early diagnosis of neuroses allow us to prevent their development and to reveal the degree of clinical complexity of neuroses in children and to deduce early psychotherapy and the provision of clinical, psychological and rehabilitation support for children with intellectual disabilities. Essential in the pathogenic and differential diagnosis of neuroses belongs to the clinical-psychopathological method. It was found that children who received early clinical-psychological, correctional-psychological help more successfully bypass neuroses as a result of early psychotherapeutic help. If this does not happen, neurotic disorders become neuroses. In order to understand the mechanism of neurosis, the history of neurotic patients, as well as the etiology of neuroses, was studied.

Neurosis is a functional reversible disorder of the nervous system (psyche) caused by prolonged human experiences, but wherein neurosis children suffer more than their parents. Adults believe that whims, hysterics, wailing, whimpering, irritation will pass with age, but it is not like that, they are all harbingers of neuroses in children, if not to pay attention to. The most common among them are the neuroses of fears (darkness, monsters from cartoons, stories of older children, obsessive-compulsive states neuroses of two kinds: obsessive, phobic, but they can be combined.) Hysterical neurosis is manifested in preschool children, the following are typical for adolescence: types of neuroses: depressive, asthenic, hypochondriacal. The boys are characterized by such neuroses as neurotic stuttering that occurs during the development of speech from two to five years, neurotic types and feather which are some diseases as chronic blepharitis, conjunctivitis, inflammation of the upper respiratory tract, nervous sleep disorders, nutrition (anorexia), and nocturnal enuresis.

The causes of neuroses are different: hereditary, biological, psychological, psychotraumatic, social relations in the family, and not adequate methods of education. All these reasons for neuroses are most manifested in children with disabilities and especially in children with mental disorders. There are three components in the structure of neuroses: biological, social psychological and their course from neurotic states to neuroses depends on the family, family upbringing. Children with disabilities do not tolerate a rude attitude, dictatorship, which causes them adequate protest to those who treat them like that. Obviously, the reason for the neurosis is in the family. Therefore, a psychologist working with children's neuroses should find out all family circumstances and relationships between family members. In the family of a child with intellectual disabilities, due to ignorance, there are created an atmosphere of fear, pity for him, and the manifestation of hyper-opeak or hypo-opeak, which subsequently leads to the emergence of neurotic states, the manifestation of disadaptive behavior, that with the neglect of psycho correctional work and clinical psychological help lead to persistent neuroses.

2. Problem Statement

Every year the number of children with neurotic disorders and neuroses increases, this confirms the urgency of the problem in the need to warn and prevent the emergence of neurotic conditions in children in norm and in children with disabilities. The state of neuropsychic development of human health is no less important for society than physical disorders and limited health opportunities. All these symptoms affect the social stability of our society and require a priority solution. Children are characterized by an increased nervous state and disorders of various functions in neuroses: speech, thermodynamics, digestion, sleep, nutrition, motility, coordination, etc.

For most children with neurotic manifestations and neuroses, these characteristics of behavior are: frequent whims, hysterical crying, increased excitability, emotionality, instability of attention, not submission to rules and norms of behavior. The precursors of neurotic states in other children are frequent outbursts of anger, aggression, pronounced sexual instincts, food, which acquire power over them, particularly this is the characteristic of children with intellectual disabilities, and some of the children are characterized by excessive shyness, passivity, indecision, which is typical for mentally retarded children at an early age, and in the is norm it is manifested when adults do not take into account the natural development of the child to independence and authoritarian suppress his aspirations or continuously patronize him.

Our observations and practice of working with such children revealed that some of the children are protesting towards adults and refuse to walk, eat, and throw toys offered by adults. Most of the parents try to break the child's non-acceptance of the adult's position by violence, intimidate him by isolation in special houses for a long stay; all this negatively affects the children's nervous system and generates deviations, and in the subsequent leads to disadaptive behavior. When parents faced with this situation address a psychologist, we usually recommend looking at their own behavior, which is accompanied by the advantage of an adult over the child: an aggressive imperative tone, violence through punishment, often physical, caused by the manifestation of a child's negative reaction. Such interaction in the confrontation between the child and the adult will not help, but on the contrary it will exacerbate the situation to resolve the conflict, which in the future will lead to the development of neurotic states, and then to neuroses. The way out of the current circumstances of the negative child - adult, we propose to use the generally accepted psychological methods: do not pay attention to the above-described situations of the behavior of the child and switch the child to other activities of interest to him. In each case, after a confidential conversation between a psychologist and a parent, there is proposed an individually directed psychological system in resolving problem situations.

In developing approaches to clinical and psychological care for children with neurotic conditions and neuroses, we took into account not only the experience of established clinical and psychological practice, but also the influence of modern society on the consciousness of adults and children, as the experience, practice and values of society in the 20th and 21st centuries changed and so the parents were born in the last century and their children of the new century. The modern information society and the activity of social networks often present our children to distorted information and a picture of a new world from an early age forming new values and a new consciousness with the help of various gadgets and only partially we genetically preserve the positive past that today serves as a small "island of salvation". A set

of modern concepts of negativism fears, pathological habits, lack of security in the surrounding society, the growth of child abuse, child slavery and related clinical disorders: sleep, motor neurotic disorders, pathological habits, speech disorders, nocturnal enuresis, practically introduce the child into the system of personality neuroticity and especially when the child's ripe nervous system.

This confirms once again the need to warn and prevent the emergence of neurotic states in children in the system of clinical and psychological diagnosis, counseling, support and assistance. Considering the prevention of neurosis, we must realize that this is a disease, but its development can be prevented or cured, but this is a rather long process. The process of late treatment of neurosis is often the result of a serious illness of the child. It is complicated by the fact that in due time the adults' attention was not drawn to the neurotic state developing in him, the untimely assistance of a psychologist, the clinical psychologist, and as a result of a systematic violation of the regime of life.

Therefore, timely warning and prevention from children's neurologization first of all, reduces and eliminates all the factors contributing to its formation.

In special correctional educational organizations and in families of a child with disabilities, taking into account the modern society, the development and use of information tools, gadgets, it is necessary to pay attention of psychologists to the organization of work with teachers and parents in warning and preventing the occurrence of neurotic conditions in children and timely help of a clinical psychologist, psychotherapist in the treatment of neuroses. Especially important in the prevention of neuroses is the prevention from traumatic effects on the child's psyche by adults, parents, educators and older children.

The work of a clinical psychologist in overcoming a neurosis in a child with mental disorders requires the joint professional efforts of a special psychologist, a pedagogical team of the educational organization, parents and peers of the closest circle of children with neurotic conditions.

According to Buyanov (1976) an assessment of the state of the child's mental health is a statement of the presence of factors and conditions for the subsequent optimal development, a guarantee of the achievements of the adult biologically determined levels of physical, intellectual and moral perfection, as well as the possibility of a long, painless and socially fruitful life.

A full-fledged neuropsychological development provides intellectual abilities and realization of the potential of the individual, the proper level and quality of life, being a significant factor determining the children' health. It is very difficult to get out of the state of neurosis by the methods of psychotherapy of adolescents and young men who received a psychotrauma at an early age, since it can accompany him for many years, and sometimes it can manifest at an older age. The most vulnerable for the emergence of childhood neuroses is the preschool age from 2 to 7 years. The causes of neurotic conditions in children are family problems of upbringing, poor environment, immaturity of the child's nervous system, family destruction (divorce, scandals, humiliation of the child, violence, cruelty on the part of parents) where children in disagreements and accusations of the father and mother become "small change».

Children with disabilities and disabilities deserve special attention, among them one of the most complex categories of children with HIA, mentally retarded and with a delay in mental development, which is characterized by a manifestation of maladaptive behavior. These children require more attention and love from adults and from their close associates. The absence of this causes them a sense of loneliness, isolation, emotional isolation, which aggravates the development and persistence of neuroses.

In clinical and psychological therapy, the treatment of neurotic states and neuroses for its effectiveness is the main task of finding out and eliminating the cause of neurosis, and in a complex situation, a complex therapy should be carried out by the therapist, but the success of his work ensures the child's love for the dear people and aggravates indifference, lack of attention to a child and parental cruelty, as the practice of our research shows, this is what drives the child into a persistent neurotic state.

From the history of neurosis research, many authors have proved the negative impact of the psychotraumatic situation in the family on character formation and the personality of children and adolescents (Gindikina, 1961; Eidemiller, 1997; Lichko, 1977). This conclusion of the researchers is supplemented by the unfavorable role of an incomplete and disadvantaged family. These scientists' studies and their conclusions are relevant today. Considering the problem, we found that the determining factor in the occurrence of neuroses is their pathogenicity. And a special role in the pathogenesis of neurosis is played by a psychological conflict that manifests itself in the incompatibility and collision of conflicting personal relationships, representing an internal conflict, which was noted earlier in the pathogenetic concept based on the understanding of the personality as a system of relations proposed by Myasishchev and realized by his students Zachevitsky, Myager, Karvasarskogo, etc. (Myasishchev, 1963). In children with disabilities and disability and psychophysical inferiority can be found psychogenic reactions and pathological changes in nature or pathological changes in nature (Asatiani, 1974). Neurotic reactions against a background of mental retardation were noted in a study by Kovalev and Golovan with residual cerebral organic insufficiency (Bulakhova, & Benyash, 1976).

3. Research Questions

In our opinion, as we noted earlier, most researchers justify that neurosis is more nosologically specific and largely depends on psychogenic factors. In the investigated problem, there are many unresolved factors between incorrect upbringing as the main pathogenic factor today and the growth of the number of children with pathology of psychophysical development. When studying a family with children with intellectual disabilities, we are confronted with a lack of understanding of the parents of the specifics of their upbringing and accompanying, and it is impossible to circumvent the problem of the appearance of neurotic states and neuroses without a special clinical and psychological approach and methods. At the initial stage of development of a child with abnormalities in development there is the necessity of the close cooperation of physicians, clinical and special psychologists, a defectologist who knows a specific work with various nosology in children with HIA.

4. Purpose of the Study

The questions arising from the parents require the coordination of the requirements between the above-mentioned specialists in order to prepare recommendations for accompanying such a child in the family and the surrounding society in the interrelation of the education of psychological, pedagogical support.

5. Research Methods

When solving the investigating problem, it is essential that the methodological bases that have been correctly developed are of decisive importance. The main of which are well-known methods: retrospectively - logical analysis, diagnosis of the child's mental state, interviewing with parents to identify and establish an accurate diagnosis, study of the anamnesis and the real state of manifestation of neurotic reactions of the child in the retardation of mental development and mild degree of mental retardation in the children with HIA we surveyed.

The purpose of our study is to substantiate the clinical and psychological ways of preventing the occurrence and development of neurotic states and neuroses in children with intellectual disabilities.

To achieve this goal and solve the tasks, we used diagnostic methods adapted at the Institute of Psychiatry after Bekhterev (1999) (Eysenck's questionnaire, Leary, MMPI, Cattell questionnaire (Form A, C), Lusher's (1990) method, etc.) developed diagnostic games with elements of psychotechnics, psychological situations we modeled, etc.

6. Findings

Our research and long-term wholesale work with HIA children and specifically children with delay development and mild degree of mental retardation with reliance on foreign and domestic experience of researchers allowed us to establish that often parents, teachers, defectologists, clinical and special psychologists face some cases of certain manifestations of neurotic and already exacerbated their clinical forms of neuroses. We confirm the truth that the main pathogenic factor is the psycho-traumatic experience of interpersonal relations, confirmed by a number of scientists of different generations and the main link of the transfer is the family, and in our case, the violation of the child's psyche.

Contemporary trends in development are aggravated by conflictual relations between parents and children, sensitivity, hyper-socialization, anxiety, fears arising from the impact on the minds of small patients. In connection with the parents' and children's congestion, the absence of emotional contacts, loneliness, lead to alienation and the demonstration of neurotic manifestations by children, which in time turn into neuroses. In addition, we perinatal and postnatal factors in the pathogenicity of their course (emotional stress, unwillingness to have a child, induce anxiety, fears, sudden effects representing a threat to the mother, etc.). Therefore, in the work on providing clinical and psychological assistance to prevent these situations, working with future substances is an early warning to prevent the occurrence of neurotic conditions in children. When neurosis occurs in children at an older age, a personality-oriented psychotherapeutic approach is needed. It is necessary for a psychotherapist to master the art of convincing, speaking in an accessible language with a sick child, a teenager, with mentally retarded children, and possessing the skills of special communication. The system of clinical and psychological care should be systematically built. Psychotherapeutic work at an early stage requires early diagnosis and correction, therapy: family, individual, in the subsequent withdrawal of a child and a teenager from a situation- group. In the process of systemic work with children who got into the situation of neurotic disorders from 109 children (84%) of them left this state and did not go into the stage of neuroses, (16%) the children required a considerable amount of time to provide psychotherapeutic help and to accompany by the clinical pathologist their exit from this state.

7. Conclusion

Our study confirmed the need to study clinical and psychological care for especially mentally retarded children with neurotic disorders and to determine ways of systemic work with them. The first thing that should be highlighted is the work with the family and children at the same time this is the main link of neurotic changes in the family are parents of children with neuroses.

Changes in the relationship of parents to children in the negative plan precede the development of neurotic states, and then neuroses in their children and vice versa, the change in the course of parents' relationship to children provides the clinical psychologist with an aid to the child's withdrawal from these states of neuroticism. Observations and experience with parents and children show that they involuntarily use children to solve their personal crisis problems and situations. Therefore, it is not possible for a psychologist to work successfully with the children without solving problems with parents.

In the psychologists-researchers' and practitioners' understanding the neurosis is the paradoxical means of solving problems, a reactive-protective complex, a way of processing them, an unconscious attempt to get rid of them and find a peace of mind. The task of family therapy is to restore family balance and mental health of the family, carried out simultaneously with the therapy of the child. To solve the problems of individual therapy, first of all, it is necessary to achieve mental unity in the actualization of the possibilities for developing the self-relations with the adaptive systems of the body for the weakening and rejection of the neurosis.

Thus, the main aspects of clinical and psychological care that we consider for children with neurotic states and neuroses require systemic work primarily of the family and the child, representing a unified system of psychotherapeutic help for the emergence of children from traumatic situations that contribute to neuroticism.

Summing up the conducted research, it is possible to assert that the considered clinical-psychological aspects are the ways of the withdrawal of children with the violation of intelligence from the state of neuroticism.

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