

## Pathogenesis of Neuroses and Modern Solutions to Clinical Diagnostic Methods

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**Abstract:** The concept of "neurosis" was first introduced into the medical literature in 1776 by the Scottish physician William Cullen. He called it "a disorder of feelings and actions, not due to local damage to an organ, but to a general suffering on which all actions depend." From this definition it follows that by neurosis Cullen meant damage to the nervous system. Hence the name of the disease: neurosis (neurosis) - from the Greek word neuron, meaning "nerve". Neurosis is one of the leading mental disorders in terms of frequency. It is reversible, that is, you can fully recover. However, not all patients are able to receive appropriate treatment in a timely manner. This is due to the fear of people to seek specialized help from a psychotherapist or psychiatrist.

**Keywords:** What is neurosis, Stages of development of neurosis, Causes, types and symptoms of neurosis, Which doctor should I consult for neurosis?

Scottish physician and scientist William Cullen believed that all "suffering," that is, disease, was related to disorders of the nervous system.

Later, ideas about neurosis changed repeatedly. Thus, with the advent of psychoanalysis, the occurrence of neurosis began to be explained not by biological factors (disorders of the nervous system), but by psychological factors.

Sigmund Freud considered neurosis to be a conflict between the desire to satisfy sexual desire and the rejection of this desire under the influence of the superego.

The superego, according to Freud, is a part of the psyche that is formed during the educational process, as a person learns moral and religious norms. The superego helps to adapt to social demands.

Sigmund Freud was an Austrian psychiatrist and the founder of psychoanalysis. Freud had a major influence on the development of modern psychology.

In a broader sense, psychoanalysts understand neurosis as a conflict between a person's aspirations and the demands of society.

Some family therapists, such as American psychologist Lynn Hoffman, believe that the cause of neurosis is the social system. They believe that the interaction of people within a system, such as the family, is initially pathological, and therefore neurosis that occurs in individual family members simply reflects the unhealthy nature of the family system.

Thus, for a long time, various researchers explained the development of neurosis by a single cause: either exclusively biological (disorders of the nervous system), or exclusively psychological (conflicts of personal and social relationships), or exclusively social (negative influence of the nervous system on the social system).

At the same time, modern domestic psychotherapy uses a biopsychosocial model of neurosis. One of the leading researchers of neurosis, a famous psychotherapist and medical psychologist BD Karvasarsky, defined neurosis as follows: "... a psychogenic (usually conflict) neuropsychic disease that occurs as a result of a significant disruption of a person's life. relations that are manifested in specific clinical phenomena in the absence of psychotic phenomena."

In other words, neurosis is a mental illness (mental nature of the disease) that occurs under the influence of traumatic events (social nature) and is manifested by a violation of well-being, for example, rapid fatigue (biological nature). .

A patient with neurosis is aware of his condition and has an adequate perception of reality. This distinguishes neurosis from psychosis - a distorted perception of reality characteristic of some mental illnesses, such as schizophrenia.

Despite the fact that the term "neurosis" is still used in Russian psychotherapeutic practice, it is not included in the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). Instead, ICD-10 introduced the concept of "neurotic, stress-related and somatoform disorders." It describes a whole group of diseases designated by codes F40 - F48. IN DSM-5The concept of "neurosis" is also absent.

### **Stages of development of neurosis**

Neurosis does not appear overnight - this condition develops gradually, going through several stages.

#### **Stages of development of neurosis:**

premorbid state - the initial stage of the development of neurosis, against the background of psychotraumatic events, individual changes in a person's well-being, for example, fatigue;

the emergence of a clinical syndrome (acute neurosis) is a stage in the development of neurosis, in which significant changes in mental and physical state occur, for example, fear, hysterical crises, frequent headaches;

neurotic deformation - a change in the personality of a person who has suffered from an untreated neurosis for many years. At the same time, certain negative manifestations of neurosis are combined, such as attacks of fear, outbursts of nervousness, demonstrative behavior when a person tries to attract the attention of others to his condition.

The most effective work with neuroses is in the pre-morbid stage. However, during this period, people, as a rule, do not pay attention to their condition and do not seek help from a specialist.

At the stage when the clinical syndrome has already formed, that is, when signs of the disease appear in the body, most patients usually receive treatment prescribed by a therapist or medical specialist, for example, a neurologist. However, only a small percentage of people with neurosis turn to a psychotherapist or psychiatrist. This significantly worsens the prognosis of the disease.

Timely contact with a psychotherapist or psychiatrist can significantly alleviate the condition of a patient with neurosis and prevent the deformation of the neurotic personality.

### **Causes, types and symptoms of neuroses**

The main reason for the development of neurosis is the impact of traumatic factors on the psyche. This is often an internal conflict that a person cannot resolve or a problem in relationships with important people.

In domestic psychotherapy, it is customary to distinguish three main types of neurosis, depending on the mechanism of development of the situation.

## **Hysterical neurosis**

This type of neurosis occurs when a person finds themselves in a traumatic situation. For example, if a relationship that is important to them is broken.

Against this background, the patient usually develops striking symptoms characteristic of neurological diseases:

- a) amnesia (a person forgets recent stressful events);
- b) movement disorders (e.g. seizures, partial loss of muscle strength or even paralysis);
- c) sensitivity disorders (loss of sensitivity or, conversely, increased sensitivity);
- d) pain;
- e) itching, burning;
- f) temporary loss of hearing, vision, and speech.

In addition, a person with hysterical neurosis unconsciously works for the public: the more witnesses to his suffering, the more the symptoms of this condition intensify. Thus, the patient attracts the attention of others. At the same time, his physical condition is objectively good: no significant neurological or other diseases have been identified in him.

## **Epilepsy**

Neurotic convulsions may resemble epilepsy, but with hysterical neurosis a person never bites their tongue and is not injured during a fall.

Physical symptoms are useful for a person with hysterical neurosis - they allow him to escape from a difficult psychologically traumatic situation and receive social benefits. For example, such a person is literally unable to be carried by his feet to a place associated with stress: his limbs are "taken away", the leg muscles lose strength, and the person cannot walk.

In ICD-10, manifestations characteristic of hysterical neurosis can be designated by the codes F41 ("Other anxiety disorders"), F43 ("Reaction to severe stress and adjustment disorders"), F44 ("Dissociative [conversion] disorders"), F45 ("Somatoform disorders").

## **Neurasthenic neurosis**

This type of neurosis is typical of modern society: the demands of society are increasing, the pace of life is accelerating, while at the same time, a person's strengths and capabilities are limited.

When it is impossible to reconcile social expectations and objective reality, a person develops neurosis, which paradoxically protects him from stress. Neurasthenic neurosis is accompanied by constant overwork, lack of energy, weakness, and a person is forced to reduce social activity. Thus, he begins to avoid situations associated with tension and anxiety.

Constant fatigue becomes an excuse for a person with neurasthenic neurosis to avoid participating in social life and slow down the pace of work.

### **The main symptoms of neurasthenic neurosis:**

- a) nervous weakness: increased excitability (tears, impatience, restlessness) and severe fatigue;
- b) difficulty concentrating;
- c) emptiness in the head, inability to think;
- d) depressed mood;
- e) loss of interest in life;
- f) sleep disorders: daytime drowsiness and insomnia at night;

- g) decreased appetite;
- h) digestive disorders: constipation, heartburn, feeling of heaviness in the stomach;
- i) tension headache (feeling of tightness, squeezing of the head);
- j) a sinking heart feeling.

In neurasthenic neurosis, weakness appears for one reason: the fact is that a lot of energy is spent on creating and maintaining psychological defenses.

In ICD-10, the manifestation of neurasthenic neurosis corresponds to the code F48.0 (neurasthenia).

### **Obsessive-phobic neurosis**

This type of neurosis is also called obsessive-compulsive neurosis.

The disease develops against the background of unresolved intrapersonal conflict. The resulting mental stress takes the form of obsessive fear: the person tries to anticipate a potential threat and prevent it.

### **Plate**

A person with obsessive-phobic neurosis may have a fear of fire. This makes them repeatedly check whether the stove and other appliances in the house are turned off or not.

In some patients, neurosis manifests itself primarily as obsessions (obsessive unpleasant thoughts, ideas, desires), in others - as phobias (obsessive fears).

### **The main types of phobias in obsessive-compulsive disorder are:**

- a) agoraphobia - fear of public places, crowds, open spaces;
- b) claustrophobia - fear of being in a closed room;
- c) Cardiophobia - fear of cardiovascular disease;
- d) cancerophobia - fear of cancer;
- e) Thanatophobia - fear of death.
- f) A patient with obsessive-phobic neurosis knows that his fear is irrational, but he cannot get rid of the phobia on his own.

### **The main types of obsessions in obsessive-compulsive neurosis:**

intrusive thoughts - unpleasant, recurring ideas or images, such as painful uncertainty about whether an action is being performed correctly and the desire to endlessly recheck whether everything is in order;

Compulsive actions (rituals) - actions that a person repeats in order to avoid potential danger, even though he knows their meaninglessness (for example, the need to knock on a door so as not to go crazy, even if a person considers himself superstitious). ).

In ICD-10, manifestations characteristic of obsessive-phobic neurosis are designated by codes F40 ("Phobic anxiety disorder"), F42 ("Obsessive-compulsive disorder").

### **Which doctor should I consult for neurosis?**

Neurosis is treated by a psychiatrist or medical psychotherapist. In practice, people with neurosis rarely consult these specialists.

Since neurosis can manifest itself with nonspecific symptoms such as headaches, palpitations, sleep disturbances, or numbness in the limbs, the patient is primarily suspected of having a somatic (physical) illness, not a mental illness. If the examination results do not reveal any physical disorders that could be causing the unpleasant symptoms, the general practitioner may suggest neurosis.

Often, a person suffering from neurosis becomes a patient of a psychiatrist after long-term ineffective treatment in clinics and somatic hospitals.

## **Diagnosis of neurosis**

Only a psychiatrist can accurately diagnose neurosis.

The main diagnostic method is a pathopsychological examination. The specialist studies the patient's medical history, interviews him, studies his biography and diary entries prepared at the request of the doctor. The psychiatrist must make sure that a certain psychotraumatic situation preceded the development of neurosis, and that the symptoms accompanying the patient's condition are not caused by somatic (physical) diseases.

The doctor may also suggest that the patient take a psychological test, such as completing the Yale-Brown Scale, if obsessive-phobic neurosis is suspected.

## **Differential diagnosis of neurosis and other diseases**

Since neuroses can be accompanied by a variety of physical manifestations - from headaches to seizures, it is important to distinguish them from serious diseases that have similar symptoms.

For example, an asthenic state (constant fatigue, weakness, nervous excitement, depression) is observed both in neurasthenic neurosis, asthenia, schizophrenia, as well as in the early stages of various diseases caused by disorders of the functioning of internal organs, infections, vitamin deficiency, cranial injuries.

Amnesia can accompany both hysterical neurosis and organic brain damage or intoxication of the body.

## **Convulsions can occur in both hysterical neurosis and epilepsy.**

Only a doctor can distinguish between somatic (physical) and mental (neurosis, schizophrenia) diseases. At the same time, attention is paid to the specific manifestation of the symptom: for example, during seizures with hysterical neurosis, the patient never bites his tongue, does not get injured when falling, and does not have involuntary urination during an attack. may be associated with a neurological disease. In addition, a specialist may prescribe laboratory or instrumental tests to exclude the somatic nature of the situation.

## **Treating neurosis with medication**

- a) The question of how to treat neurosis is now being approached in a comprehensive manner: both medications and psychotherapy are used.
- b) The main groups of drugs used in the treatment of neuroses:
- c) tranquilizers (anxiolytics) - have an anti-anxiety effect;
- d) antidepressants - stabilize the emotional and physical state of a person (improve mood, increase mental activity, normalize sleep, appetite);
- e) nootropic drugs - improve brain function;
- f) neuroleptics - restore the balance of the neurotransmitter dopamine;
- g) adaptogens - increase the body's resistance to stress.
- h) Psychotherapeutic methods of treating neurosis
- i) In the treatment of neuroses, not only medications, but also non-drug methods are used.

## **The main psychotherapeutic methods used in the treatment of neuroses:**

Person-centered psychotherapy is a method based on understanding and restructuring human relationships. It helps to understand the origins of neurosis and repair broken relationships;

suggestion psychotherapy - the use of suggestion (including under hypnosis) or self-hypnosis (auto-training) for therapeutic purposes;

behavioral psychotherapy - a method that helps the patient become aware of habitual behavior patterns that have led to neurosis and form new healthy habits in their place;

art therapy - the use of creativity (e.g., drawing, sculpting) as a way to harmonize the mental state.

### **Prognosis of neurosis**

The prognosis of the disease largely depends on how timely the patient received specialized help, that is, began treatment from a psychiatrist or psychotherapist. The sooner the correct treatment is started, the higher the likelihood that the deformation of the neurotic personality will not occur, that is, such manifestations of neurosis as obsessive fears and irritability will not persist.

In addition, it has been found that the prognosis of neurosis is influenced by socio-economic factors: patients with higher education, engaged in intellectual work, more often seek help from a psychiatrist and are more likely to adhere to the doctor's recommendations, therefore, the treatment of neurosis is more effective for them than for other patients.

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